

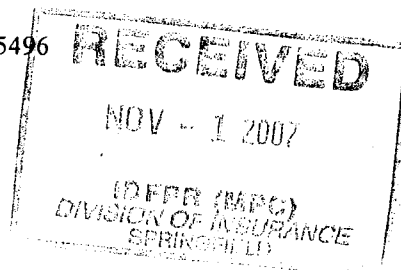


THE CINCINNATI INSURANCE COMPANIES

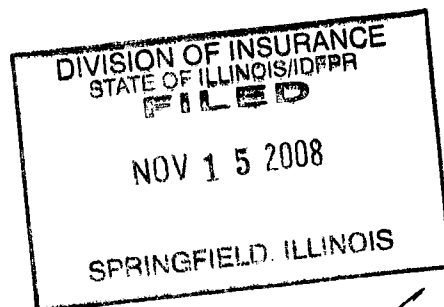
THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY

THE CINCINNATI INDEMNITY COMPANY
THE CINCINNATI LIFE INSURANCE COMPANY

Mailing Address: P.O. BOX 145496
CINCINNATI, OHIO 45250-5496
(513) 870-2000



October 29, 2007



Honorable Michael T. McRaith
Director of Insurance
Illinois Department of Insurance
Property and Casualty Evaluation
320 West Washington Street
Springfield, Illinois 62767-0001

Attention: Gayle Neuman

Reference: 1 The Cincinnati Insurance Company - FEIN 31-0542366
2 The Cincinnati Casualty Company - FEIN 31-0826946
3 The Cincinnati Indemnity Company - FEIN 31-1241230

Commercial Lines

Division Seven - Professional Liability

Dentist's 11.0030

Dentist's - General Practice 11.0006

Dentist's - Oral Surgeon 11.0007

Rate Filing

Filing #PRO-07-7505-IL

Dear Ms. Neuman:

At this time, we wish to file revised rates per the attached memorandum. The rules are applicable to all of the above companies. In addition to sending the revised rate pages along with an explanatory memorandum, I am including the completed Medical Malpractice Liability Checklist, the Certification for Medical Malpractice Rates, a complete copy of our Division Seven - Professional Liability Manual (including the changes being made with referenced changes highlighted), a Manual Certification Statement, the required Actuarial information, a Non-Discriminatory statement and the required RF-3 along with actuarial exhibits. Please note that our rates are used for all three of the above referenced companies. However, only The Cincinnati Insurance Company is listed on the RF-3. We only have a net effect for CIC, since we do not have any written premium in the other two companies for this line of insurance.

This filing corresponds to another rule/rate filing being submitted under a different filing #CDEN-07-7510-IL.

Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by December 1, 2007, for the software to be mailed to our agents on January 1, 2008, for the effective date of March 15, 2008. Your approval is respectfully requested for use on policies effective on or after March 15, 2008.

Sincerely,

Connie Petertonjes

Connie Petertonjes, RPLU, AFSB
Senior Filings Specialist
Staff Underwriting Department
(513) 603-5352

E-mail: connie_petertonjes@cinfin.com

+4.91%



6200 S. Gilmore Road Fairfield Ohio 45014-5141

Jeh

Neuman, Gayle

From: Neuman, Gayle
Sent: Wednesday, December 24, 2008 8:06 AM
To: 'Petertonjes, Connie'
Subject: RE: Filings #PRO-07-7505-IL and #CDEN-07-7510-IL

Connie,

Yes, I will send a stamped copy in the mail.

Thanks, and I hope you have a Merry Christmas too!

Gayle Neuman
Division of Insurance

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Wednesday, December 24, 2008 6:36 AM
To: Neuman, Gayle
Subject: RE: Filings #PRO-07-7505-IL and #CDEN-07-7510-IL

Ms. Neuman:

Thank you for your note! We would like to use 11/15/2008 for both filings. Will we be getting hard copies of the approvals or will this e-mail serve as our approval?

Hope you have a Merry Christmas!

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW
Senior Filings Specialist
Staff Underwriting Department

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From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Tuesday, December 23, 2008 12:13 PM
To: Petertonjes, Connie
Subject: Filings #PRO-07-7505-IL and #CDEN-07-7510-IL

Ms. Petertonjes,

Both filings have been signed off by our Director on December 22, 2008. Please confirm if you wish that the filings be "filed" effective July 15, 2008 and November 15, 2008, or indicate a different date for either or both.

Thank you for your prompt attention.

Happy Holidays!

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting any filing. The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: Gayle.Neuman@illinois.gov

Neuman, Gayle

From: Neuman, Gayle
Sent: Wednesday, March 19, 2008 1:59 PM
To: 'Petertonjes, Connie'
Subject: RE: Status of Dentist Professional Rule/Rate Changes

Ms. Petertonjes,

I completed my review of this filing on January 4, 2008. Unfortunately, no medical malpractice rate/rule filing for any insurer has been completed/filed since July, 2007 when our actuary resigned. The actuary has not been replaced to date so no filings have moved for approximately nine months. There is no way to give you approval by April 1 or 5, 2008.

Gayle Neuman
Division of Insurance

From: Petertonjes, Connie [mailto:Connie_Petertonjes@CINFIN.com]
Sent: Wednesday, March 19, 2008 1:51 PM
To: Neuman, Gayle
Subject: Status of Dentist Professional Rule/Rate Changes

Our filing #PRO-07-7505-IL

Subject: Division Seven-Professional Liability Dentist's Professional Rule/Rate Changes

Dear Ms. Neuman:

I would like to check on the status of this filing. This one was sent to the state back on October 29, 2007. Having missed my first internal deadline of December 1, 2007, I asked you to change the requested effective date from 3/15/08 to 7/15/08. In order to use the 7/15/08 effective, I would need to have approval by April 1, 2008.

If you think you might be able to review this filing within the next week or so, let me know and I can request an internal deadline extension which would give me until April 5th. If you will not be able to review it soon, I would like to ask that you amend the requested effective date to 11/15/08.

Thanks for looking into this for me.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW

Senior Filings Specialist

The Cincinnati Insurance Companies

Phone: (513) 603-5352

Fax: (513) 881-8884

E-mail: connie_petertonjes@cinfin.com

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ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Richard Taphorn, a duly authorized officer of The Cincinnati Insurance Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, David Groff, a duly authorized actuary of The Cincinnati Insurance Company, am authorized to certify on behalf of The Cincinnati Insurance Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

<u>Richard Taphorn</u>	<u>10/29/07</u>
Signature and Title of Authorized Insurance Company Officer	Date
<u>David Groff</u>	<u>10/29/07</u>
Signature, Title and Designation of Authorized Actuary	Date

Insurance Company FEIN 31 - 0542366 Filing Number PRO-07-7505-IL

Insurer's Address P.O. Box 145496

City Cincinnati State OH Zip Code 45250-5496

Contact Person's:

Name and E-mail Connie Petertonjes connie_petertonjes@cinfin.com

Direct Telephone and Fax Number phone: (513) 603-5352 fax: (513) 881-8884

Neuman, Gayle

From: Petertonjes, Connie [Connie_Petertonjes@CINFIN.com]
Sent: Saturday, December 08, 2007 8:01 AM
To: Neuman, Gayle
Subject: DIV. SEVEN-PROFESSIONAL LIAB. RATE FILING PRO-07-7505-IL

Dear Ms. Neuman:

I sent the above referenced filing to your attention back in October. I would like to have you change the requested effective date from 3/15/08 to 7/15/08. We have passed our internal deadline for 3/15/08 effective dates, so I would like to move this one to our next round of filings.

Thanks for making this change for me.

Sincerely,

Connie Petertonjes, CPCU, AFSB, RPLU, CPIW

Senior Filings Specialist

The Cincinnati Insurance Companies

Phone: (513) 603-5352

Fax: (513) 881-8884

E-mail: connie_petertonjes@cinfin.com

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ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

7/15/2008 (new)
03/15/2008 (old)

Change in Company's premium or rate level produced by rate revision effective _____

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	_____	_____
2. Automobile Physical Damage Private Passenger Commercial	_____	_____
3. Liability Other Than Auto	_____	_____
4. Burglary and Theft	_____	_____
5. Glass	_____	_____
6. Fidelity	_____	_____
7. Surety	_____	_____
8. Boiler and Machinery	_____	_____
9. Fire	_____	_____
10. Extended Coverage	_____	_____
11. Inland Marine	_____	_____
12. Homeowners	_____	_____
13. Commercial Multi-Peril	_____	_____
14. Crop Hail	_____	_____
15. Other <u>Dentist's Professional Liability</u> Line of Insurance	\$588,752.	+4.91%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: We are amending our Increased Limits Factors and our Dentist's Professional Liability premiums. All territories are included and all classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): In this filing, we are amending our Dentists Professional Liability rates and increased limit factors. We are using ISO Loss Costs and applying our company multiplier and both company factors and territory factors to create new rates for our Dentist Professional Liability Coverage. In addition, we are proposing to use ISO's new increased limit factors. Our Division Seven - Dentist's Professional Liability base rates will be increasing by 5.04%, and, coupling this with an ILF change of -0.13%, our overall proposed change for our Division Seven - Dentist's Professional Liability coverage is 4.91%. This matches our indicated increase of 4.9%.

*Adjusted to reflect all prior rate changes.

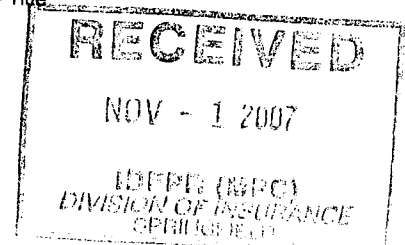
**Change in Company's premium level which will result from application of new rates.

The Cincinnati Insurance Company - FEIN 31-0542366

Name of Company

Connie Petertonies - Senior Filings Specialist

Official - Title



originally on website in NOV. 2007

#DRD-07-7505-T1

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 03/15/2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Dentist's Professional Liability</u>	<u>\$588,752.</u>	<u>+4.91%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: We are amending our Increased Limits Factors and our Dentist's Professional Liability premiums. All territories are included and all classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): In this filing, we are amending our Dentists Professional Liability rates and increased limit factors. We are using ISO Loss Costs and applying our company multiplier and both company factors and territory factors to create new rates for our Dentist Professional Liability Coverage. In addition, we are proposing to use ISO's new increased limit factors. Our Division Seven - Dentist's Professional Liability base rates will be increasing by 5.04%, and, coupling this with an ILF change of -0.13%, our overall proposed change for our Division Seven - Dentist's Professional Liability coverage is 4.91%. This matches our indicated increase of 4.9%.

*Adjusted to reflect all prior rate changes.

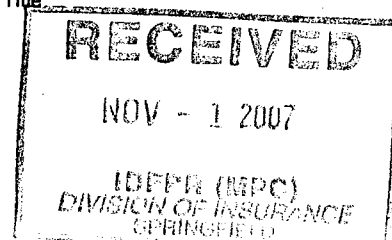
**Change in Company's premium level which will result from application of new rates.

The Cincinnati Insurance Company - FEIN 31-0542366

Name of Company

Connie Petertonjes - Senior Filings Specialist

Official - Title



Handwritten: Addx 87 - 7650 - 71

**ILLINOIS
DIVISION SEVEN - PROFESSIONAL LIABILITY
RULES AND RATES MEMORANDUM**

NEW PAGE	OLD PAGE	DESCRIPTION OF CHANGE
PL-24 (3/08)	PL-24 (11/06)	RULE 4. DENTIST'S PROFESSIONAL LIABILITY Amending Dentist's base rates with a net effect of 5.04%
PL-62 (3/08) and PL-G-4 (3/08)	PL-62 (3/04) and PL-G-4 (3/04)	RULE 52. INCREASED LIMITS TABLES Amending Dentist's Increased Limits factors with a net effect of (-0.13%) per ISO designation number PR-2006-IALL1. The overall net effect of the above revisions is 4.91%

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

3. Rates

Rates for Basic Limits: \$100,000 Each Dental Incident Limit - Coverage A.
\$ 5,000 Any One Person - Coverage B. First Aid Payments
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Territory (001) - Cook County

Limits	Class				
	1	2	2A	2B	3
\$100,000/\$300,000	\$1,111	1,687	3,354	2,277	8,066

Territory (002) - Remainder of State

Limits	Class				
	1	2	2A	2B	3
\$100,000/\$300,000	\$790	1,211	2,403	1,635	5,662

E. Dental Board Examination Coverage (Binder) (Class Code 80226)

Dentist Professional Liability Coverage may be issued for a dentist while taking their state dental board examination.

1. Binder can be issued for a maximum 5 day term;
2. Limits are \$1,000,000 Each Dental Incident / \$3,000,000 Aggregate;
3. Premium is \$25 flat charge and except for expense modification, is not subject to any further modification or rate plan;
4. Dentist's Professional Liability Occurrence Coverage Form **PA 128** and Dentist's Professional Liability Coverage Part Declarations **PA 526** must be shown on the binder; and
5. Completed binder should be sent to Home Office Underwriter or Field Marketing Representative.

F. For Prior Acts Coverage, refer to Rule 50.

G. Independent contractor hygienists and assistants are included as an insured. A separate charge is not necessary.

H. Optional Coverages

1. Medical Waste Defense Expenses Reimbursement Coverage. Coverage provides \$50,000 of "defense expenses" for a "civil suit" alleging violation of a law or regulation governing the disposal of medical wastes. Attach Form **PA 206**. No premium charge.
2. Department of Professional Regulation (DPR) Supplementary Payments Coverage. Coverage provides \$25,000/\$75,000 annual aggregate for an insured who becomes the subject of a Department of Professional Regulation (DPR), or a similar state regulatory board, investigation. Attach Form **PA 205**. No premium charge.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

52. INCREASED LIMITS TABLES (Cont'd)

2. Dentists

Aggregate	Per Dental Incident								
	100	150	200	250	300	500	1,000	1,500	2,000
300	1.00 (52)	1.07 (56)	1.09 (60)	1.11 (63)	1.12 (66)				
400	1.01 (55)	1.08 (56)	1.11 (60)	1.13 (63)	1.15 (66)				
500	1.02 (53)	1.09 (56)	1.13 (57)	1.15 (61)	1.17 (66)	1.20 (67)			
600	1.03 (55)	1.10 (56)	1.14 (58)	1.17 (63)	1.19 (66)	1.22 (70)			
750	1.04 (55)	1.11 (56)	1.15 (60)	1.18 (62)	1.21 (66)	1.24 (70)			
900	1.05 (55)	1.12 (56)	1.16 (60)	1.19 (63)	1.23 (65)	1.26 (70)			
1,000	1.06 (54)	1.13 (56)	1.17 (59)	1.20 (63)	1.24 (66)	1.27 (68)	1.33 (71)		
1,250	1.07 (55)	1.14 (56)	1.18 (60)	1.21 (63)	1.25 (66)	1.28 (70)	1.34 (73)		
1,500	1.08 (55)	1.15 (56)	1.19 (60)	1.22 (63)	1.25 (66)	1.29 (69)	1.35 (73)	1.39 (74)	
2,000	1.09 (55)	1.16 (56)	1.20 (60)	1.23 (63)	1.26 (66)	1.30 (70)	1.36 (73)	1.40 (74)	1.42 (75)
2,500	1.10 (55)	1.17 (56)	1.21 (60)	1.24 (63)	1.27 (66)	1.31 (91)	1.37 (73)	1.41 (74)	1.43 (75)
3,000	1.11 (55)	1.18 (56)	1.22 (60)	1.25 (63)	1.28 (66)	1.32 (70)	1.38 (72)	1.42 (74)	1.44 (75)
4,000	1.12 (55)	1.19 (56)	1.23 (60)	1.26 (63)	1.29 (66)	1.33 (70)	1.39 (73)	1.43 (74)	1.45 (75)

3. Hospitals

Aggregate	Per Medical Incident					
	100	150	200	250	300	500
300	1.00 (52)	1.08 (56)	1.12 (60)	1.14 (63)	1.16 (66)	
500	1.04 (53)	1.16 (56)	1.24 (57)	1.29 (61)	1.33 (66)	1.41 (67)
600	1.05 (55)	1.18 (56)	1.27 (58)	1.33 (63)	1.38 (66)	1.49 (70)
1,000		1.20 (56)	1.31 (59)	1.40 (63)	1.47 (66)	1.66 (68)
1,500		1.21 (56)	1.32 (60)	1.42 (63)	1.50 (66)	1.73 (69)
2,000					1.51 (66)	1.76 (70)
3,000						2.14 (72)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL GUIDE (a) RATES

1. Convalescent or Nursing Homes

Aggregate	Per Medical Incident								
	100	200	250	500	1,000	1,500	2,000	2,500	3,000
4,000	2.01 (55)	2.07 (60)	2.09 (63)	2.16 (70)	2.26 (73)	2.33 (74)	2.48 (75)	2.58 (76)	2.68 (77)
4,500	2.02 (55)	2.08 (60)	2.10 (63)	2.17 (70)	2.27 (73)	2.33 (74)	2.48 (75)	2.59 (76)	2.68 (77)
5,000	2.03 (55)	2.09 (60)	2.11 (63)	2.18 (70)	2.28 (73)	2.34 (74)	2.49 (75)	2.60 (76)	2.70 (77)
6,000	2.04 (55)	2.10 (60)	2.12 (63)	2.19 (70)	2.29 (73)	2.35 (74)	2.50 (75)	2.61 (76)	2.71 (77)
7,500	2.05 (55)	2.12 (60)	2.13 (63)	2.20 (70)	2.30 (73)	2.36 (74)	2.51 (75)	2.62 (76)	2.72 (77)
9,000	2.06 (55)	2.14 (60)	2.14 (63)	2.21 (70)	2.31 (73)	2.37 (74)	2.52 (75)	2.63 (76)	2.73 (77)
10,000	2.07 (55)	2.15 (60)	2.15 (63)	2.22 (70)	2.32 (73)	2.38 (74)	2.53 (75)	2.64 (76)	2.74 (77)

2. Dentists

Aggregate	Per Dental Incident								
	2,500	3,000	4,000	5,000	6,000	7,000	8,000	9,000	10,000
2,500	1.44 (76)								
3,000	1.45 (76)	1.46 (77)							
4,000	1.46 (76)	1.47 (77)	1.48 (78)						
4,500	1.47 (76)	1.48 (77)	1.49 (78)						
5,000	1.48 (76)	1.49 (77)	1.50 (78)	1.51 (79)					
6,000	1.49 (76)	1.50 (77)	1.51 (78)	1.52 (79)	1.53 (80)				
7,500	1.50 (76)	1.51 (77)	1.52 (78)	1.53 (79)	1.54 (80)	1.55 (81)			
9,000	1.51 (76)	1.52 (77)	1.53 (78)	1.54 (79)	1.55 (80)	1.56 (81)	1.57 (83)	1.58 (84)	
10,000	1.52 (76)	1.53 (77)	1.54 (78)	1.55 (79)	1.56 (80)	1.57 (81)	1.58 (83)	1.59 (84)	1.60 (85)

ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Richard Taphorn, a duly authorized officer of The Cincinnati Insurance Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, David Groff, a duly authorized actuary of The Cincinnati Insurance Company, am authorized to certify on behalf of The Cincinnati Insurance Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

Richard Taphorn 10/29/07
Signature and Title of Authorized Insurance Company Officer Date

David Groff 10/29/07
Signature, Title and Designation of Authorized Actuary Date

Insurance Company FEIN 31 - 0542366 Filing Number PRO-07-7505-IL

Insurer's Address P.O. Box 145496

City Cincinnati State OH Zip Code 45250-5496

Contact Person's:

Name and E-mail Connie Petertonjes connie.petertonjes@cinfin.com

Direct Telephone and Fax Number phone: (513) 603-5352 fax: (513) 881-8884

Manual Certification Statement

DATE: October 15, 2007

FILING NUMBER: PRO-07-7505-IL

DIVISION SEVEN - PROFESSIONAL LIABILITY

The Cincinnati Insurance Company - FEIN 31-0542366

The Cincinnati Casualty Company - FEIN 31-0826946

The Cincinnati Indemnity Company - FEIN 31-1241230

This will certify that nothing in the submitted manual has changed from the previously filed manual except for what is highlighted in this filing.

Respectfully Submitted,



Connie Petertonjes, CPCU, RPLU
Senior Filings Specialist
The Cincinnati Insurance Companies

This is a complete copy of our manual including the proposed changes contained in this filing. The changes being made are highlighted orange.

Non-Discriminatory Statement

DATE: October 15, 2007

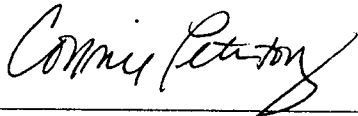
FILING NUMBER: PRO-07-7510-IL

DIVISION SEVEN - PROFESSIONAL LIABILITY

The Cincinnati Insurance Company - FEIN 31-0542366

We, in offering, administering or applying our filed rate/rule manual and/or any amended provisions, do not unfairly discriminate.

Respectfully Submitted,



Connie Petertonjes, CPCU, RPLU
Senior Filings Specialist
The Cincinnati Insurance Companies

This is a complete copy of our manual including the proposed changes contained in this filing. The changes being made are highlighted orange.

Dentist-Professional	Base Rate Change	ILF Change	Combined % Change	Written Premium	Overall Net Effect
	5.04%	-0.13%	4.91%	588,752	617,648

Medical Malpractice
Cincinnati Insurance Group
Based on Year-End 2004-2006 Statistics

Illinois

A. Direct Earned Premium	17,092,526	(4)
B. Average Direct Unearned Premium Reserve	9,107,575	[(1)+(2)]/2
C. Commissions Expenses	18.73%	(5) / (3)
D. Taxes, Licenses, & Fees	1.51%	(6) / (3)
E. 50% of Other Acquisition Expenses	1.57%	[(0.5) X (7)] / (3)
F. 50% of General Expenses	1.75%	[(0.5) X (8)] / (4)
G. Total Expenses	23.55%	(C) + (D) + (E) + (F)
H. Total Prepaid Expenses	2,145,211	(B) X (G)
I. Subject to Investment	6,962,364	(B) - (H)
J. Delayed Remission of Premium	3,073,049	[(23) X (3)] / (29)
Expected Loss & LAE Ratio	73.34%	Permissible Loss Ratio
K. Direct Earned Premium	17,092,526	(A)
L. Expected Loss Ratio	73.34%	Permissible Loss Ratio
M. Expected Incurred Loss & LAE	12,535,514	(K) X (L)
N. Reserve to Incurred Ratio	3.1491	$\Sigma(9 \text{ to } 13) / \Sigma(14 \text{ to } 21)$
O. Estimated Loss & LAE Reserve	39,475,213	(M) X (N)
P. Net Subject to Investment	43,364,527	(I) - (J) + (O)
Q. Policy Surplus	N/A	
R. Total	43,364,527	(P) + (Q)
S. Average Rate of Return on Invested Assets	3.63%	(26) / (22)
T. Invested Earnings Subject to Investment	1,574,990	(R) X (S)
U. Ratio of Investment Earnings to Direct Earned Premiums	9.21%	(T) / (A)
V. Investment Income Factor	1.0921	1.000 + (U)
W. Return on Equity (with Policy Surplus & Realized Capital Gains	15.00%	(30)
X. Return on Policy Surplus	5.29%	[(24) X (S)] / (29)
Y. Return on Realized Capital Gains	3.06%	{[(27)+(28)]/2}/(29)
Z. Return on Equity	6.65%	(W) - (X) - (Y)
AA. Premium to Surplus	0.7379	(29)/{[(24)+(25)]/2}
BB. Return on Premium	0.0901	(Z) / (AA)
CC. Before Tax Return on Premium	0.0921	(U)
DD. Before Tax Return needed from Underwriting Profit	-0.0021	(BB) - (CC)
EE. Commissions Expenses	18.73%	
FF. Other Acquisition Expenses	3.13%	
GG. General Expenses	3.50%	
HH. Taxes, Licenses, & Fees	1.51%	
II. Profit & Contingencies	-0.21%	
JJ. Total Expenses	26.66%	
KK. Permissible Loss Ratio	73.34%	

	CIC 2006	CCC 2006	CID 2006	CIC 2005	CCC 2005	CID 2005	CIC 2004	CCC 2004	CID 2004	Countrywide
1. Direct Unearned Premium Reserve (Page 14, Column 5, Current)	21,446,531	0	10,705	21,505,749	0	10,329	21,099,572	150	8,748	64,081,784
2. Direct Unearned Premium Reserve (Page 14, Column 5, Prior)	21,505,749	0	10,329	21,099,572	150	8,748	18,606,691	343	8,444	61,240,027
3. Direct Written Premium (IEE, Page 6, Column 1)	45,760,047	0	111,786	47,007,683	(11)	150,885	44,622,354	415	113,959	137,767,118
4. Direct Earned Premium (IEE, Page 6, Column 2)	45,817,454	0	111,409	46,601,506	139	149,305	42,129,473	608	113,655	134,923,549
5. Direct Commission (IEE, Page 7, Column 12)	5,255,638	0	4,611	7,386,348	(2)	7,260	9,551,758	199	17,150	22,222,961
6. Direct Taxes, License, & Fee (IEE, Page 7, Column 13)	942,531	0	215	768,827	(7)	(779)	672,567	(21)	2,040	2,385,373
7. Direct Other Acquisition (IEE, Page 7, Column 14)	1,752,588	0	7,197	1,461,598	0	6,394	1,412,365	8	1,442	4,641,593
8. Direct General (IEE, Page 7, Column 15)	2,193,986	0	7,735	1,724,887	0	7,187	1,426,336	(6)	(1,356)	5,358,770
9. Schedule P, Part 1, Total, Column 13	54,900	0	0	57,277	0	0	66,325	0	0	178,502
10. Schedule P, Part 1, Total, Column 15	25,177	0	0	24,862	0	0	29,772	0	0	79,811
11. Schedule P, Part 1, Total, Column 17	6	0	0	0	0	0	0	0	0	6
12. Schedule P, Part 1, Total, Column 19	32,786	0	0	39,789	0	0	46,000	0	0	118,575
13. Schedule P, Part 1, Total, Column 23	210	0	0	105	0	0	185	0	0	500
14. Schedule P, Part 1, Last Year, Column 4	240	0	0	314	0	0	177	0	0	731
15. Schedule P, Part 1, Last Year, Column 6	198	0	0	135	0	0	175	0	0	508
16. Schedule P, Part 1, Last Year, Column 10	0	0	0	0	0	0	0	0	0	0
17. Schedule P, Part 1, Last Year, Column 13	9,110	0	0	7,671	0	0	8,620	0	0	25,401
18. Schedule P, Part 1, Last Year, Column 15	15,829	0	0	14,858	0	0	20,945	0	0	51,632
19. Schedule P, Part 1, Last Year, Column 17	0	0	0	0	0	0	0	0	0	0
20. Schedule P, Part 1, Last Year, Column 19	12,294	0	0	14,521	0	0	14,453	0	0	41,268
21. Schedule P, Part 1, Last Year, Column 23	110	0	0	82	0	0	111	0	0	303
22. Cash & Invested Assets (AS, Page 2, Line 9)	9,671,983,332	329,622,861	67,067,619	8,701,469,796	304,341,650	70,647,185	8,570,053,803	302,155,709	64,019,956	28,081,361,911
23. Premium & Agents Balance (AS, Page 2, Line 10)	331,529,504	46,060	0	349,962,641	(44,911)	0	1,088,784,673	5,376,495	0	1,775,654,462
24. Surplus as Regards to Policyholders (Page 3, Line 25, Col. 1, Current)	4,723,368,807	281,463,027	61,925,302	4,219,838,692	262,897,192	62,721,754	4,191,158,948	259,323,276	60,170,312	14,122,867,310
25. Surplus as Regards to Policyholders (Page 3, Line 25, Col. 1, Prior)	4,219,838,692	262,897,192	62,721,754	4,191,158,948	259,323,276	60,170,312	2,779,815,671	252,518,201	56,734,431	12,145,178,477
26. Net Investment Income Earned (AS, Page 4, Line 8, Col. 1, Current)	377,786,144	12,898,633	2,619,977	323,078,153	11,900,904	2,924,656	274,142,700	11,591,746	2,965,787	1,019,908,700
27. Net Realized Capital Gain (AS, Page 4, Line 9, Column 1, Current)	142,669,695	3,831,770	24,678	35,196,362	2,226,615	(183,955)	195,081,967	(739,056)	(16,391)	378,091,685
28. Net Realized Capital Gain (AS, Page 4, Line 9, Column 1, Prior)	35,196,362	2,226,615	(183,955)	195,081,967	(739,056)	(16,391)	(15,126,001)	(255,593)	(678,697)	215,505,251
29. Total Premium Written (AS, Page 9, Part 2B, Line 32, Column 1)	3,034,850,569	189,403,017	90,132,986	2,970,441,955	177,721,011	85,472,299	2,872,854,049	187,317,469	83,516,021	9,691,709,376
30. Return on Equity (Surplus)										15.0%
Illinois	CIC 2006	CCC 2006	CID 2006	CIC 2005	CCC 2005	CID 2005	CIC 2004	CCC 2004	CID 2004	State
1. Direct Unearned Premium Reserve Current (Page 14, Column 5)	2,807,252	0	0	2,964,488	0	0	3,175,945	38	0	8,947,724
2. Direct Unearned Premium Reserve Prior (Page 14, Column 5)	2,964,488	0	0	3,175,945	38	0	3,126,848	108	0	9,267,427
3. Direct Written Premium (IEE, Page 6, Column 1)	5,413,396	0	0	5,414,610	0	0	5,944,883	139	0	16,773,028
4. Direct Earned Premium (IEE, Page 6, Column 2)	5,570,426	0	0	5,626,067	38	0	5,895,786	208	0	17,092,526
5. Direct Commission (IEE, Page 7, Column 12)	678,644	0	0	873,961	0	0	1,588,420	57	0	3,141,082
6. Direct Taxes, License, Fee (IEE, Page 7, Column 13)	67,480	0	0	115,923	(2)	0	70,074	1	0	253,476
7. Direct Other Acquisition (IEE, Page 7, Column 14)	176,976	0	0	146,280	0	0	202,347	2	0	525,605
8. Direct General (IEE, Page 7, Column 15)	215,926	0	0	169,741	0	0	212,280	(5)	0	597,943

LOSS COSTS MULTIPLIER

Medical Malpractice
Cincinnati Insurance Group
Based on Year-End 2004-2006 Statistics

Illinois

EE. Commissions Expenses	18.73%
FF. Other Acquisition Expenses	3.13%
GG. General Expenses	3.50%
HH. Taxes, Licenses, & Fees	1.51%
II. Profit & Contingencies	-0.21%
Total Expenses	26.66%

Base Factor	1.000
Times Loss Experience Component	1.000

Interim Component	1.000
Times Loss Adjustment Expense Factor	1.000

Interim Component	1.000
Divided by Expected Loss Ratio	0.733

Interim Component	1.364
Times Judgment Factor	1.000

Company Multiplier	1.364
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RATE HISTORY DATA

Company: ALL COMPANIES
State: ILLINOIS
Line: MEDICAL MALPRACTICE

Coverage: DENTISTS
Group1: NONE
Group2: NONE

Start Year: 2002

End Year: 2008

DENTISTS

<u>Year</u>	<u>Effective Date</u>	<u>Change</u>	<u>Factor</u>	<u>Comment</u>
2002	07/01/2002	0.00	1.014	PRO-01-7501-IL
2003	11/01/2003	0.00	1.015	PRO-03-7504-IL TERRORISM
2004	03/01/2004	0.34	1.013	CDEN-03-7505-IL
2004	03/01/2004	1.13	1.013	PRO-03-7510-IL
2005		0.00	1.008	
2006		0.00	1.003	
2007		0.00	1.000	
2008		0.00	1.000	

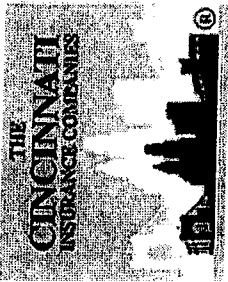


EXHIBIT A - RATE LEVEL INDICATION

Company: ALL COMPANIES

Coverage: DENTISTS

State: ILLINOIS

Group1: NONE

Line: MEDICAL MALPRACTICE

Group2: NONE

Effective Date: 03/01/2008

	2002	2003	2004	2005	2006	TOTAL
Earned Premium	278,727	357,763	438,712	494,625	538,497	
Current Level Factors	1.0135	1.0147	1.0130	1.0081	1.0032	
Earned Premium @ Current Level	282,500	363,036	444,411	498,636	540,227	2,128,810
Ultimate Incurred Losses and LAE	61,851	62,194	852,857	83,306	203,409	
Unallocated Loss Adj Expense Factor	1.0750	1.0740	1.0790	1.0840	1.0240	
Ultimate Incurred Losses and LAE	66,490	66,796	920,233	90,304	208,291	
Loss Trend Factor	1.3844	1.3185	1.2557	1.1959	1.1390	
Trended Incurred Losses and LAE	92,050	88,071	1,155,548	107,996	237,237	1,680,902
Proj Loss and LAE Ratio	32.6 %	24.3 %	260.0 %	21.7 %	43.9 %	
Proj Loss and LAE Ratio Weights	20.0 %	20.0 %	20.0 %	20.0 %	20.0 %	
1. Weighted Projected Loss Ratio						76.5 %
2. Permissible Loss Ratio						73.3 %
3. Indicated Rate Level Change						4.3 %
4. Number of Claims	2	6	8	8	24	48
5. Credibility						21.0 %
5. Annual Trend Factor				LI-PR-2006-065		1.0500
7. Credibility-Weighted Indicated						4.9 %

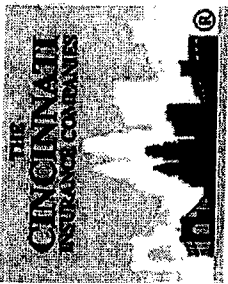


Exhibit B - Incurred Losses

Company: ALL COMPANIES
 State: ILLINOIS
 Line: MEDICAL MALPRACTICE

Coverage: DENTISTS
 Group1: NONE
 Group2: NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1997	0	0	0	0	0	0	0	0	0	0
1998	0	10,000	0	0	0	0	0	0	0	0
1999	50,000	55,095	95,095	105,095	94,223	105,095	125,095	87,595	0	0
2000	100	70,100	45,100	3,350	3,350	3,350	3,350	0	0	0
2001	25,000	25,000	90,001	143,829	92,500	85,000	3,350	0	0	0
2002	101,500	219,500	41,500	41,500	41,500	0	0	0	0	0
2003	40,754	55,000	61,381	55,299	0	0	0	0	0	0
2004	10,000	16,750	497,689	0	0	0	0	0	0	0
2005	0	69,359	0	0	0	0	0	0	0	0
2006	88,532	0	0	0	0	0	0	0	0	0

FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1997									
1998		0.0000							
1999	1.1019	1.7260	1.1052	0.8966	1.1154	1.1903	0.7002		
2000	701.0000	0.6434	0.0743	1.0000	1.0000	1.0000			
2001	1.0000	3.6000	1.5981	0.6431	0.9189				
2002	2.1626	0.1891	1.0000	1.0000					
2003	1.3496	1.1160	0.9009						
2004	1.6750	29.7128							
2005									

Exhibit B - Incurred Losses (continued)

AVERAGES									
Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average	118.0482	5.2839	0.9357	0.8849	1.0114	1.0952	0.7002	0.0000	0.0000
All Years straight average excluding high/low factors	1.5723	1.4549	1.0020	0.9483	1.0000	1.0952	0.7002	0.0000	0.0000
3 year volume-weighted average	2.7803	2.0620	1.2475	0.7280	1.0177	1.1844	0.7002		
5 year volume-weighted average	2.1755	1.9042	1.0480	0.7883	1.0177				
5 year volume-weighted average excluding high/low factors	1.9129	1.3090	1.0198	0.8997	1.0000				
9 year volume-weighted average excluding high/low factors	2.1074								
Selected user averages	1.9129	1.3090	1.0198	0.8997	1.0000	1.0000	1.0000	1.0000	1.0000

LOSS DEVELOPMENT FACTORS		
Year	Range	Loss Factor
2002	60-Ultimate	1.0000
2003	48-Ultimate	0.8997
2004	36-Ultimate	0.9176
2005	24-Ultimate	1.2011
2006	12-Ultimate	2.2976

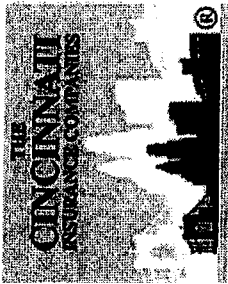


Exhibit C - Paid Losses

Company: ALL COMPANIES
 State: ILLINOIS
 Line: MEDICAL MALPRACTICE

Coverage: DENTISTS
 Group1: NONE
 Group2: NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1997	0	0	0	0	0	0	0	0	0	0
1998	0	0	0	0	0	0	0	0	0	0
1999	0	25,095	30,095	30,095	75,095	75,095	125,095	87,595		
2000	100	100	100	3,350	3,350	3,350	3,350			
2001	0	15,000	20,000	20,000	92,500	85,000				
2002	41,500	41,500	41,500	41,500	41,500					
2003	753	0	9,500	9,500						
2004	0	0	75,000							
2005	0	0								
2006	0									

FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1997									
1998									
1999		1.1992	1.0000	2.4953	1.0000	1.6658	0.7002		
2000	1.0000	1.0000	33.5000	1.0000	1.0000	1.0000			
2001		1.3333	1.0000	4.6250	0.9189				
2002	1.0000	1.0000	1.0000	1.0000					
2003	0.0000		1.0000						
2004									
2005									

Exhibit C - Paid Losses (continued)

AVERAGES									
Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average	0.6667	1.1331	7.5000	2.2801	0.9730	1.3329	0.7002	0.0000	0.0000
All Years straight average excluding high/low factors	1.0000	1.0996	1.0000	1.7476	1.0000	1.3329	0.7002	0.0000	0.0000
3 year volume-weighted average	0.0000	3.0361	1.0000	2.1180	0.9561	1.6374	0.7002		
5 year volume-weighted average	1.3372	2.5813	1.0321	2.2376	0.9561				
5 year volume-weighted average excluding high/low factors	1.0000	1.9603	1.0000	2.3455	1.0000				
9 year volume-weighted average excluding high/low factors	1.6032								
Selected user averages	1.0000	1.9603	1.0000	2.3455	1.0000	1.0000	1.0000	1.0000	1.0000

LOSS DEVELOPMENT FACTORS		
Year	Range	Loss Factor
2002	60-Ultimate	1.0000
2003	48-Ultimate	2.3455
2004	36-Ultimate	2.3455
2005	24-Ultimate	4.5978
2006	12-Ultimate	4.5978

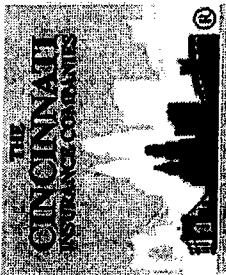


Exhibit D - Ratio of Paid ALAE to Paid Losses

Company:	ALL COMPANIES	Coverage:	DENTISTS
State:	ILLINOIS	Group1:	NONE
Line:	MEDICAL MALPRACTICE	Group2:	NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1997	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1998	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1999	0.0000	0.3447	0.7132	1.6788	0.9801	1.5398	1.2418	1.8152	0.0000	0.0000
2000	0.0000	23.8000	40.8600	2.7490	2.7490	2.7490	2.7490	1.8152	0.0000	0.0000
2001	0.0000	0.3192	0.6012	2.0234	0.5002	0.5444	2.7490	1.8152	0.0000	0.0000
2002	0.0000	0.3530	0.4481	0.4481	0.4582	0.5444	2.7490	1.8152	0.0000	0.0000
2003	4.1673	0.0000	2.3683	5.1087						
2004	0.0000	0.0000	0.4380							
2005	0.0000	0.0000								
2006	0.0000									

FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1997		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1998			1.0000	1.0000	1.1227	1.0000	1.0000	1.0000	1.0000
1999	32.0333	2.4816	2.3539	1.4568	1.5711	1.3434	1.0235	1.0000	1.0000
2000		1.7168	0.0673	1.0000	1.0000	1.0000			
2001		1.8833	3.3658	0.2472	1.0882				
2002		1.2695	1.0000	1.0225					
2003	1,765.1587	3.0586	2.1571						
2004		6.2285							
2005	1.4792								

Exhibit D - Ratio of Paid ALAE to Paid Losses (continued)

AVERAGES									
Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average	599.5571	2.5198	1.5634	0.9544	1.1564	1.0859	1.0078	1.0000	1.0000
All Years straight average excluding high/low factors	32.0333	2.0820	1.5022	1.0056	1.0703	1.0000	1.0000	1.0000	1.0000
3 year straight average	883.3190	3.5189	2.1743	0.7566	1.2198	1.1145	1.0078		
5 year straight average	883.3190	2.8313	1.7888	0.9453	1.1564				
5 year straight average excluding high/low factors	883.3190	2.2196	1.8370	1.0075	1.0703				
Selected user averages	2.2000	2.2196	1.8370	1.0075	1.0703	1.0000	1.0000	1.0000	1.0000

LOSS DEVELOPMENT FACTORS		
Year	Range	Loss Factor
2002	60-Ultimate	1.0703
2003	48-Ultimate	1.0783
2004	36-Ultimate	1.9809
2005	24-Ultimate	4.3968
2006	12-Ultimate	9.6729

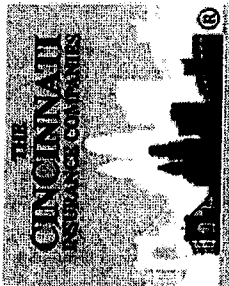


Exhibit E - Claim Count

Company: ALL COMPANIES
 State: ILLINOIS
 Line: MEDICAL MALPRACTICE

Coverage: DENTISTS
 Group1: NONE
 Group2: NONE

LOSSES

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108	m120
1997	0	0	0	0	0	0	0	0	0	0
1998	0	0	0	0	0	0	0	0	0	0
1999	2	4	6	6	6	6	6	6	6	6
2000	1	2	2	2	2	2	2	2	2	2
2001	0	1	2	3	3	3	3	3	3	3
2002	1	1	2	2	2	2	2	2	2	2
2003	0	2	4	6	6	6	6	6	6	6
2004	2	4	7	7	7	7	7	7	7	7
2005	1	4	4	4	4	4	4	4	4	4
2006	4	4	4	4	4	4	4	4	4	4

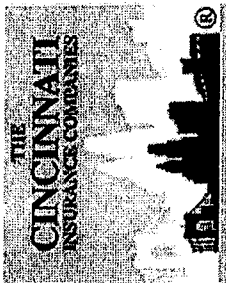
FACTORS

Accident Year	m12	m24	m36	m48	m60	m72	m84	m96	m108
1997	2.0000	1.5000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1998	2.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1999	2.0000	2.0000	1.5000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
2000	1.0000	2.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
2001	2.0000	2.0000	1.5000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
2002	2.0000	1.7500	1.5000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
2003	2.0000	1.7500	1.5000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
2004	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000
2005	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000

Exhibit E - Claim Count (continued)

AVERAGES									
Average	m12	m24	m36	m48	m60	m72	m84	m96	m108
All Years straight average									
	2.2000	1.7083	1.2000	1.0000	1.0000	1.0000	1.0000	0.0000	0.0000
All Years straight average excluding high/low factors									
	2.0000	1.8125	1.1667	1.0000	1.0000	1.0000	1.0000	0.0000	0.0000
3 year volume-weighted average									
	3.3333	1.8571	1.3750	1.0000	1.0000	1.0000	1.0000		
5 year volume-weighted average									
	3.0000	1.7000	1.1875	1.0000	1.0000				
5 year volume-weighted average excluding high/low factors									
	3.0000	1.8333	1.1000	1.0000	1.0000				
9 year volume-weighted average excluding high/low factors									
	2.5000								
Selected user averages									
	3.0000	1.8333	1.1000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

LOSS DEVELOPMENT FACTORS		
Year	Range	Loss Factor
2002	60-Ultimate	1.0000
2003	48-Ultimate	1.0000
2004	36-Ultimate	1.1000
2005	24-Ultimate	2.0167
2006	12-Ultimate	6.0500



CALCULATION OF ULTIMATE INCURRED LOSSES AND ALAE

Company: ALL COMPANIES
 State: ILLINOIS
 Line: MEDICAL MALPRACTICE

Coverage: DENTISTS
 Group1: NONE
 Group2: NONE

<u>Year</u>	<u>Paid Losses To Date</u>	<u>Cumulative LDF</u>	<u>Estimated Ultimate Losses</u>	<u>Incurred Losses To Date</u>	<u>Cumulative LDF</u>	<u>Estimated Ultimate Losses</u>
2002	41,500	1.0000	41,500	41,500	1.0000	41,500
2003	9,500	2.3455	22,282	55,299	0.8997	49,755
2004	75,000	2.3455	175,912	497,689	0.9176	456,656
2005	0	4.5978	0	69,359	1.2011	83,306
2006	0	4.5978	0	88,532	2.2976	203,409

<u>Year</u>	<u>Selected Ultimate Losses</u>	<u>Ratio of Paid ALAE to Paid Losses</u>	<u>Cumulative LDF</u>	<u>Estimated Ultimate Ratio of Paid to Paid</u>	<u>Selected Ultimate Ratio of Paid to Paid</u>	<u>Estimated Ultimate ALAE</u>
2002	41,500	0.4582	1.0703	0.4904	0.4904	20,351
2003	49,755	5.1087	1.0783	5.5089	0.2500	12,439
2004	456,656	0.4380	1.9809	0.8676	0.8676	396,201
2005	83,306	0.0000	4.3968	0.0000	0.0000	0
2006	203,409	0.0000	9.6729	0.0000	0.0000	0

Contact Person:
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Illinois Division of Insurance
Review Requirements Checklist

320 West Washington Street
Springfield, IL 62767-0001

Effective as of 8/25/06

<u>Line(s) of Business</u>	<u>Code(s)</u>	
<input type="checkbox"/> MEDICAL MALPRACTICE	11.0000	***This checklist is for rate/rule
<input type="checkbox"/> Claims Made	11.10000	filings only.
<input checked="" type="checkbox"/> Occurrence	11.2000	See separate form checklist.

<u>Line(s) of Insurance</u>	<u>Code(s)</u>	<u>Line(s) of Insurance</u>	<u>Code(s)</u>	<u>Line(s) of Insurance</u>	<u>Code(s)</u>
<input type="checkbox"/> Acupuncture	11.0001	<input type="checkbox"/> Hospitals	11.0009	<input type="checkbox"/> Optometry	11.0019
<input type="checkbox"/> Ambulance Services	11.0002	<input type="checkbox"/> Professional Nurses	11.0032	<input type="checkbox"/> Osteopathy	11.0020
<input type="checkbox"/> Anesthetist	11.0031	<input type="checkbox"/> Nurse – Anesthetists	11.0010	<input type="checkbox"/> Pharmacy	11.0021
<input type="checkbox"/> Assisted Living Facility	11.0033	<input type="checkbox"/> Nurse – Lic. Practical	11.0011	<input type="checkbox"/> Physical Therapy	11.0022
<input type="checkbox"/> Chiropractic	11.0003	<input type="checkbox"/> Nurse – Midwife	11.0012	<input type="checkbox"/> Physicians & Surgeons	11.0023
<input type="checkbox"/> Community Health Center	11.0004	<input type="checkbox"/> Nurse – Practitioners	11.0013	<input type="checkbox"/> Physicians Assistants	11.0024
<input type="checkbox"/> Dental Hygienists	11.0005	<input type="checkbox"/> Nurse – Private Duty	11.0014	<input type="checkbox"/> Podiatry	11.0025
<input checked="" type="checkbox"/> Dentists	11.0030	<input type="checkbox"/> Nurse – Registered	11.0015	<input type="checkbox"/> Psychiatry	11.0026
<input checked="" type="checkbox"/> Dentists – General Practice	11.0006	<input type="checkbox"/> Nursing Homes	11.0016	<input type="checkbox"/> Psychology	11.0027
<input checked="" type="checkbox"/> Dentists – Oral Surgeon	11.0007	<input type="checkbox"/> Occupational Therapy	11.0017	<input type="checkbox"/> Speech Pathology	11.0028
<input type="checkbox"/> Home Care Service Agencies	11.0008	<input type="checkbox"/> Ophthalmic Dispensing	11.0018	<input type="checkbox"/> Other	11.0029

Illinois Insurance Code Link	Illinois Compiled Statutes Online	
Illinois Administrative Code Link	Administrative Regulations Online	
Product Coding Matrix Link	Product Coding Matrix	
NAIC Uniform Transmittal Form	50 IL Adm. Code 929 NAIC Uniform Transmittal Form	If insurers wish to use the NAIC Uniform Transmittal form in lieu of a cover letter/explanatory memorandum, the Division will accept such form, as long as all information required in the "Cover Letter & Explanatory Memorandum" section below are properly included.
NAIC Self-Certification Pilot Program	Newsletter Article regarding Division's Participation Self-Certification form	If an authorized company officer completes the Self-Certification form, and submits such form as the 1 st page of the filing, the Division will expedite review of the filing ahead of all other filings received to date. The Division will track company compliance with the laws, regulations, bulletins, and this checklist and report such information to the NAIC.
Location of Standard within Filing Column	See checklist format below.	To expedite review of your filing, use this column to indicate location of the standard within the filing (e.g. page #, section title, etc.)
Description of Review Standards Requirements Column	See checklist format below.	These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Division of Insurance.

FILING REQUIREMENTS FOR FORM FILINGS	REFERENCE	DESCRIPTION OF REVIEW STANDARD REQUIREMENT	LOCATION OF STANDARD WITHIN FILING
See separate form filing checklist.		<p>To assist insurers in submitting compliant medical liability rate/rule filings as a result of newly-passed PA94-677 (SB475), the Division has created this separate, comprehensive rate/rule filing checklist for medical liability filings.</p> <p>Please see the separate form filing checklist for requirements related to medical liability forms.</p>	Forms are not being submitted at this time.
GENERAL FILING REQUIREMENTS FOR ALL RATE/RULE FILINGS			
LINE OF AUTHORITY			
Must have proper Class and Clause authority to conduct this line of business in Illinois.	<p><u>215 ILCS 5/4</u></p> <p><u>List of Classes/Clauses</u></p>	<p>To write Medical Liability insurance in Illinois, companies must be licensed to write:</p> <p>1. Class 2, Clause (c)</p>	
RATES AND RULES REQUIRED TO BE FILED			
Rates/Rules Must be Filed Separately from Forms			
Insurers shall make separate filings for rate/rules and for forms/endorsements, etc.		<p>The laws and regulations for medical liability forms/endorsements and the laws for medical liability rates/rules are different and each must be reviewed according to its own set of laws/regulations/procedures. Therefore, insurers are required to file forms and rates/rules separately.</p> <p>For requirements regarding form filings, see separate form filing checklist.</p>	Forms are not being submitted at this time. Rules/Rates checklist have been reviewed, as required.
New Insurers			
New insurers must file their rates, rules, plans for gathering statistics, etc. upon commencement of business.	<p><u>215 ILCS 5/155.18</u></p> <p><u>50 IL Adm. Code 929</u></p>	<p>"New Insures" are insurers who are:</p> <ul style="list-style-type: none"> • New to Illinois. • New writers of medical liability insurance in Illinois. • Writing a new Line of Insurance listed on Page 1 of this checklist, <p>New insurers must file the following:</p> <p>a) Medical liability insurance rate manual, including all rates.</p>	Not applicable.

		<p>b) Rules, including underwriting rule manuals which contain rules for applying rates or rating plans,</p> <p>c) Classifications and other such schedules used in writing medical liability insurance.</p> <p>d) Statement regarding whether the insurer:</p> <ul style="list-style-type: none"> Has its own plan for the gathering of medical liability statistics; or Reports its medical liability statistics to a statistical agent (and if so, which agent). <p>The Director, at any time, may request a copy of the insurer's statistical plan or request the insurer to provide written verification of membership and reporting status from the insurer's reported statistical agency.</p> <p>Insurers are instructed to review all requirements in this checklist, including the requirements for applicable actuarial documentation, as well as all medical liability laws and regulations, to ensure that the filing contains all essential elements before submitting the filing to the Division.</p>	
Amendments to Initial Rate/Rule Filings			
After a new insurer has filed the rates/rules/information described above, insurers must file rates/rules, or advise of changes to statistical plans, as often as they are amended.	<p><u>215 ILCS 5/155.18</u></p> <p><u>50 IL Adm. Code 929</u></p>	<p>After a new insurer has filed the rates/rules/information described above, insurers must file rates/rules/rating schedules (as described above for new business) as often as such filings are changed or amended, or when any new rates or rules are added.</p> <p>Any change in premium to the company's insureds as a result of a change in the company's base rates or a change in its increased limits factors shall constitute a change in rates and shall require a filing with the Director.</p> <p>Insurers shall also advise the Director if its plans for the gathering of statistics has changed, or if the insurer has changed statistical agents.</p> <p>The Director, at any time, may request a copy of the insurer's statistical plan or request the insurer to provide written verification of membership and reporting status from the insurer's reported statistical agency.</p> <p>Insurers are instructed to review all requirements in this checklist, including the requirements for applicable actuarial documentation, as well as all medical liability laws and regulations, to ensure that the filing contains all essential elements before submitting the filing to the Division.</p>	<p>Done.</p> <p>Understood.</p> <p>No plans have been made to change our methods.</p> <p>Understood.</p> <p>Done prior to filing.</p>
EFFECTIVE DATES OF RATE/RULE FILINGS			
Illinois is "file and use" for medical liability rates and rules.	<p><u>215 ILCS 5/155.18</u></p> <p><u>50 IL Adm. Code 929</u></p>	A rate/rating plan/rule filing shall go into effect no earlier than the date the filing is received by the Division of Insurance, Property & Casualty Compliance Section, except as otherwise provided	Understood.

		in Section 155.18.	
ADOPTIONS OF ADVISORY ORGANIZATION FILINGS			
Insurer must file all rates and rules on its own behalf.	<u>50 IL Adm. Code 929</u>	Although Rule 929 allows for insurers to adopt advisory organization rule filings, advisory organizations no longer file rules in Illinois.	Understood.
COPIES, RETURN ENVELOPES, ETC.			
Requirement for duplicate copies and return envelope with adequate postage.	<u>50 IL Adm. Code 929</u>	Insurers that desire a stamped returned copy of the filing or submission letter must submit a duplicate copy of the filing/letter, along with a return envelope large enough and containing enough postage to accommodate the return filing.	INCLUDED WITH FILING. We would appreciate a return copy for our records.
COVER LETTER & EXPLANATORY MEMORANDUM			
Two copies of a submission letter are required, and the submission letter must contain the information specified.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u> <u>Company Bulletin 88-53</u>	All filings must be accompanied by a submission letter which includes <u>all</u> of the following information: 1) Exact name of the company making the filing. 2) Federal Employer Identification Number (FEIN) of the company making the filing. 3) Unique filing identification number – may be alpha, numeric, or both. Each filing number must be unique within a company and may not be repeated on subsequent filings. If filing subsequent revisions to a pending filing, use the same filing number as the pending filing or the revision(s) will be considered a new filing. 4) Identification of the classes of medical liability insurance to which the filing applies (for identifying classes, refer to Lines of Insurance shown on Page 1 of this checklist, in compliance with the NAIC Product Coding Matrix). 5) Notification of whether the filing is new or supersedes a present filing. If filing supersedes a present filing, insurer must identify <u>all</u> changes in superseding filings, <u>and all</u> superseded filings, including the following information:	Included. See Cover Letter. See Cover Letter. See Cover Letter.
"Me too" filings are not allowed.	<u>Actuarial Certification Form</u>		See Cover Letter.
Use of NAIC Uniform Transmittal form is acceptable as long as all required information is included.	<u>NAIC Uniform Transmittal Form</u>		See Cover Letter.
		<ul style="list-style-type: none"> • Copy of the complete rate/rule manual section(s) being changed by the filing with all changes clearly highlighted or otherwise identified. • Written statement that all changes made to the superseded filing have been disclosed. • List of all pages that are being completely superseded or replaced with new pages. • List of pages that are being withdrawn and not being replaced. • List of new pages that are being added to the superseded filing. 	Included. Included. See explanatory memorandum. Not applicable at this time. Not applicable at this time.

		<ul style="list-style-type: none"> Copies of all manual pages that are affected by the new filing, including but not limited to subsequent pages that are amended solely by receiving new page numbers. <p>6) Effective date of use.</p> <p>7) Actuarial certification (see Actuarial Certification section below). Insurers may use their own form or may use the sample form developed by the Division.</p> <p>8) Statement that the insurer, in offering, administering, or applying the filed rate/rule manual and/or any amended provisions, does not unfairly discriminate.</p> <p>Companies under the same ownership or general management are required to make <u>separate, individual company filings</u>. Company Group ("Me too") filings are unacceptable.</p> <p>If insurers wish to use the NAIC Uniform Transmittal form in lieu of a cover letter/explanatory memorandum, the Division will accept such form, as long as all information required in this section is properly included.</p>	<p>Included.</p> <p>See Cover Letter.</p> <p>Included.</p> <p>See Non-discriminatory statement.</p> <p>Not applicable to this line of insurance.</p>
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FORM RF-3 Summary Sheet

For any rate change, duplicate copies of Form RF-3 must be filed, no later than the effective date.

50 IL Adm. Code 929

Form RF-3
Summary Sheet

For any rate level change, insurers must file two copies of Form RF-3 (Summary Sheet) which provides information on changes in rate level based on the company's premium volume, rating system, and distribution of business with respect to the classes of medical liability insurance to which the rate revision applies. Such forms must be received by the Division's Property & Casualty Compliance Section no later than the stated effective date of use.

Insurers must report the rate change level and premium volume amounts on the "Other" Line and insert the words "Medical Liability" on the "Other" descriptive line. Do not list the information on the "Other Liability" line.

If the Medical Liability premium is combined with any other Lines of Business (e.g. CGL, commercial property, etc.), the insurer must report the effect of rate changes to each line separately on the RF-3, indicating the premium written and percent of rate change for each line of business.

The RF-3 form must indicate whether the information is "exact" or "estimated."

Included.

Done.

Not applicable.

Our information is exact.

PAYMENT PLANS

Quarterly premium payment installment plan required as

215 ILCS 5/155.18

A company writing medical liability insurance in Illinois shall offer to each of its medical liability insureds the option to make premium payments in

Current quarterly installment payment plan has been

prescribed by the Director.		<p>quarterly installments as prescribed by and filed with the Director. Such option must be offered in the initial offer of the policy or in the first policy renewal occurring after January 1, 2006. Thereafter, the insurer need not offer the option, but if the insured requests it, must make it available. Such plans are subject to the following minimum requirements:</p> <ul style="list-style-type: none"> • May not require more than 40% of the estimated total premium to be paid as the initial payment; • Must spread the remaining premium equally among the 2nd, 3rd, and 4th installments, with the maximum set at 30% of the estimated total premium, and due 3, 6, and 9 months from policy inception, respectively; • May not apply interest charges; • May include an installment charge or fee of no more than the lesser of 1% of the total premium or \$25; • Must spread any additional premium resulting from changes to the policy equally over the remaining installments, if any. If there are no remaining installments, the additional premium may be billed immediately as a separate transaction; and • May, but is not required to offer payment plan for extensions of a reporting period, or to insureds whose annual premiums are less than \$500. However, if offered to either, the plan must be made available to all within that group. 	approved for use.
DEDUCTIBLES			
Deductible plans should be filed if offered.	<u>215 ILCS 5/155.18</u>	A company writing medical liability insurance in Illinois is encouraged, but not required, to offer the opportunity for participation in a plan offering deductibles to its medical liability insureds. Any such plan shall be contained in a filed rate/rule manual section entitled "Deductibles Offered" or substantially similar title. If an insurer uses a substantially similar title, the Rate/Rule Submission Letter or NAIC Uniform Transmittal form must indicate the name of the section that applies.	We do not offer a deductible plan for our Dentist's Professional Liability.
DISCOUNTS			
Premium discount for risk management activities should be filed if offered.	<u>215 ILCS 5/155.18</u>	A company writing medical liability insurance in Illinois is encouraged, but not required, to offer their medical liability insureds a plan providing premium discounts for participation in risk management activities. Any such plan shall be contained in a filed rate/rule manual section entitled "Risk Management Activities Discounts" or substantially similar title. If an insurer uses a substantially similar title, the Rate/Rule Submission Letter or NAIC Uniform Transmittal form must indicate the name of the section that applies.	We do not offer any premium discounts for risk management activities for our Dentist's Professional Liability.

CLAIMS MADE REQUIREMENTS			
Extended reporting period (tail coverage) requirements.	<p>215 ILCS 5/143(2)</p> <p><u>Company Bulletin 88-50</u></p>	<p>When issuing claims-made medical liability insurance policies, insurers must include the following specific information in their rate/rule manuals:</p> <ul style="list-style-type: none"> • Offer of an extended reporting period (tail coverage) of <u>at least</u> 12 months. The rate/rule manual must specify whether the extended reporting period is unlimited or indicate its term (i.e. number of years).*** • Cost of the extended reporting period, which <u>must</u> be priced as a factor of one of the following.*** <ul style="list-style-type: none"> ○ the last 12 months' premium. ○ the premium in effect at policy issuance. ○ the expiring annual premium. • List of any credits, discounts, etc. that will be added or removed when determining the final extended reporting period premium. • Insurer will inform the insured of the extended reporting period premium at the time the last policy is purchased. The insurer may not wait until the insured requests to purchase the extended reporting period coverage to tell the insured what the premium will be or how the premium would be calculated. • Insurer will offer the extended reporting period when the policy is terminated for any reason, including non-payment of premium, and whether the policy is terminated at the company's or insured's request. • Insurer will allow the insured 30 days after the policy is terminated to purchase the extended reporting period coverage.*** • Insurer will trigger the claims made coverage when notice of claim is received and recorded by the insured or company, whichever comes first. <p>***If the medical liability coverage is combined with other professional or general liability coverages, the medical liability insurer must meet all of the above requirements, except those indicated with ***, in which case, the insurer must:</p> <ul style="list-style-type: none"> • Offer free 5-year extended reporting period (tail coverage) or • Offer an unlimited extended reporting period with the limits reinstated (100% of aggregate expiring limits for the duration) • Cap the premium at 200% of the annual 	<p>We do not offer Claims-Made Dentist's Professional Liability under this line of insurance.</p>

		<p>premium of the expiring policy; and</p> <ul style="list-style-type: none"> • Give the insured a free-60 day period after the end of the policy to request the coverage. 	
GROUP MEDICAL LIABILITY			
Group medical liability insurance is not specifically allowed under the Illinois Insurance Code.	<u>50 IL Adm. Code 906</u>	Part 906 of the Illinois Administrative Code prohibits writing of group casualty (liability) insurance unless specifically authorized by statute. The Illinois Insurance Code does not specifically authorize the writing of group medical liability insurance.	Not applicable.
CANCELLATION & NONRENEWAL PROVISION REQUIREMENTS			
If rate/rule manuals contain language pertaining to cancellation or nonrenewal, must comply with all cancellation/nonrenewal laws.	See Medical Liability Forms Checklist for Specific Information about Illinois Cancellation & Nonrenewal Laws and Regulations,	If a rate or rule manual contains language pertaining to cancellation or nonrenewal of any medical liability insurance coverage, such provisions must comply with all cancellation and nonrenewal provisions of the Illinois Insurance Code, including but not limited to the following: 143.10, 143.16, 143.16a, 143.17a. See Medical Liability Forms Checklist for Specific Information about Illinois Cancellation & Nonrenewal Laws and Regulations,	Our manual does not contain any language which pertains to cancellation or nonrenewal except to refer to the mandatory form which must be used on all issued policies, which brings our countrywide forms into compliance with Illinois requirements regarding these items.
ACTUARIAL REVIEW REQUIREMENTS			
Rates shall not be excessive, inadequate, or unfairly discriminatory.	<u>215 ILCS 5/155.18</u>	<p>In the making or use of rates pertaining to all classes of medical liability insurance, rates shall not be excessive, or inadequate, nor shall they be unfairly discriminatory.</p> <p>Rate and rule manual provisions should be defined and explained in a manner that allows the Division to ascertain whether the provision could be applied in an unfairly discriminatory manner. For example, if a rate/rule manual contains ranges of premiums or discounts, the provision must specify the criteria to determine the specific premium/discount an insured or applicant would receive.</p> <p>The Director may, by order, adjust a rate or take any other appropriate action at the conclusion of a public hearing.</p>	<p>We do not feel our rates are excessive, inadequate or unfairly discriminatory. Understood.</p> <p>Understood.</p>
PRICING			

Insurers shall consider certain information when developing medical liability rates.	<u>215 ILCS 5/155.18</u>	<p>Consideration shall be given, to the extent applicable, to past and prospective loss experience within and outside this State, to a reasonable margin for underwriting profit and contingencies, to past and prospective expenses both countrywide and those especially applicable to Illinois, and to all other factors, including judgment factors, deemed relevant within and outside Illinois.</p> <p>Consideration may also be given in the making and use of rates to dividends, savings or unabsorbed premium deposits allowed or returned by companies to their policyholders, members or subscribers.</p> <p>The systems of expense provisions included in the rates for use by any company or group of companies may differ from those of other companies or groups of companies to reflect the operating methods of any such company or group with respect to any kind of insurance, or with respect to any subdivision or combination thereof.</p>	<p>See actuarial exhibits.</p> <p>See actuarial exhibits.</p> <p>See actuarial exhibits.</p>
Minimum Premium Rules			
Insurers may group or classify risks for establishing rates and minimum premiums.	<u>215 ILCS 5/155.18</u>	Risks may be grouped by classifications for the establishment of rates and minimum premiums.	Understood.
"A" RATED RISKS			
Individual Risk Rating			
Risks may be rated on an individual basis as long as all provisions required in Section 155.18 are met.	<u>215 ILCS 5/155.18</u>	Classification rates may be modified to produce rates for individual risks in accordance with rating plans which establish standards for measuring variations in hazards or expense provisions, or both. Such standards may measure any difference among risks that have a probable effect upon losses or expenses. Such classifications or modifications of classifications of risks may be established based upon size, expense, management, individual experience, location or dispersion of hazard, or any other reasonable considerations, and shall apply to all risks under the same or substantially the same circumstances or conditions. The rate for an established classification should be related generally to the anticipated loss and expense factors or the class.	Understood.
RISK CLASSIFICATION			
Risks may be grouped by classifications.	<u>215 ILCS 5/155.18</u>	Risks may be grouped by classifications for the establishment of rates and minimum premiums.	Understood.
Rating decisions based solely on domestic violence.	<u>215 ILCS 5/155.22b</u>	No insurer may that issues a property and casualty policy may use the fact that an applicant or insured incurred bodily injury as a result of a battery committed against him/her by a spouse or person in the same household as a sole reason for a rating decision.	Rating decisions are not made based upon domestic violence.
Unfair methods of	<u>215 ILCS 5/424(3)</u>	It is an unfair method of competition or unfair and	We do not unfairly

competition or unfair or deceptive acts or practices defined.		deceptive act or practice if a company makes or permits any unfair discrimination between individuals or risks of the same class or of essentially the same hazard and expense element because of the race, color, religion, or national origin of such insurance risks or applicants.	discriminate. We do not consider race, color, religion or national origin of current risks or applicants.
Procedure as to unfair methods of competition or unfair or deceptive acts or practices not defined.	<u>215 ILCS 5/429</u>	Outlines the procedures the Director follows when he has reason to believe that a company is engaging in unfair methods of competition or unfair or deceptive acts or practices.	Understood.
Territorial Definitions			
Rate/rule manuals must contain correct and adequate definitions of Illinois territories.	<u>215 ILCS 5/155.18</u>	When an insurer's rate/rule program includes differing territories within the State of Illinois, rate/rule manuals must contain correct and adequate definitions of those territories, and that all references to the territories or definitions are accurate, so the Division does not need to request additional information.	Our Territories are defined on PL-T-1.
ACTUARIAL SUPPORT INFORMATION REQUIRED			
ACTUARIAL CERTIFICATION			
Actuarial certification must accompany all rate filings and all rule filings that affect rates.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u> <u>Actuarial Certification Form</u>	Every rate and/or rating rule filing must include a certification by an officer of the company <u>and</u> a qualified actuary that the company's rates and/or rules are based on sound actuarial principles and are not inconsistent with the company's experience. Insurers may use their own form or may use the sample form created by the Division.	See Actuarial Certification Form.
ACTUARIAL OR STATISTICAL INFORMATION			
Director may request actuarial and statistical information.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	The Director may require the filing of statistical data and any other pertinent information necessary to determine the manner of promulgation and the acceptability or unacceptability of a filing for rules, minimum premiums, rates, forms or any combination thereof. If the Director requests information or statistical data to determine the manner the insurer used to set the filed rates and/or to determine the reasonableness of those rates, as well as the manner of promulgation and the acceptability or unacceptability of a filing for rules, minimum premiums, or any combination thereof, the insurer shall provide such data or information within 14 calendar days of the Director's request.	Understood. Understood.
Explanatory Memorandum			
Insurers shall include actuarial explanatory memorandum with any	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code</u>	Insurers shall include actuarial explanatory memorandum with any rate filing, as well as any rule filing that affects the ultimate premium. The	Understood.

rate filing, as well as any rule filing that affects the ultimate premium.	<u>929</u>	<p>explanatory memorandum shall contain, at minimum, the following information:</p> <ul style="list-style-type: none"> • Explanation of ratemaking methodologies. • Explanations of specific changes included in the filing. • Narrative that will assist in understanding the filing. 	<p>Included.</p> <p>Included.</p> <p>Included.</p>
Summary of Effects Exhibit			
Insurers shall include an exhibit illustrating the effect of each change and calculation indicating how the final effect was derived.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include an exhibit illustrating the effect of each individual change being made in the filing (e.g. territorial base rates, classification factor changes, number of exposures affected by each change being made, etc.), and include a supporting calculation indicating how the final effect was derived.	See actuarial exhibits.
Actuarial Indication			
Insurers shall include actuarial support justifying the overall changes being made.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	<p>Insurers shall include actuarial support justifying the overall changes being made, including but not limited to:</p> <ul style="list-style-type: none"> • Pure premiums (if used). • Earned premiums. • Incurred losses. • Loss development factors. • Trend factors. • On-Level factors. • Permissible loss ratios, etc. 	See actuarial exhibits.
Loss Development Factors and Analysis			
Insurers shall include support for loss development factors and analysis.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include actuarial support for loss development factors and analysis, including but not limited to loss triangles and selected factors, as well as support for the selected factors.	See actuarial exhibits.
Ultimate Loss Selections			
Insurers shall include support for ultimate loss selections.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include support for ultimate loss selections, including an explanation of selected losses if results from various methods differ significantly.	See actuarial exhibits.
Trend Factors and Analysis			
Insurers shall include support for trend factors and analysis.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include support for trend factors and analysis, including loss and premium trend exhibits demonstrating the basis for the selections used.	See actuarial exhibits.
On-Level Factors and Analysis			
Insurers shall include support for on-level factors and analysis.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include support for on-level factors and analysis, including exhibits providing on-level factors and past rate changes included in calculations.	See actuarial exhibits.
Loss Adjustment Expenses			

Insurers shall include support for loss adjustment expenses.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include support for loss adjustment expenses, including exhibits providing documentation to support factors used for ALAE and ULAE. If ALAE is included in loss development analysis, no additional ALAE exhibit is required.	See actuarial exhibits.
Expense Exhibit			
Insurers shall include an expense exhibit. Insurers may use expense provisions that differ from those of other companies or groups of companies.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include an exhibit indicating all expenses used in the calculation of the permissible loss ratio, including explanations and support for selections. The systems of expense provisions included in the rates for use by any company or group of companies may differ from those of other companies or groups of companies to reflect the operating methods of any such company or group with respect to any kind of insurance, or with respect to any subdivision or combination thereof.	See actuarial exhibits.
Investment Income Calculation			
Insurers shall include an exhibit for investment income calculation.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include an exhibit demonstrating the calculation for the investment income factor used in the indication.	See actuarial exhibits.
Profit and Contingencies Calculation			
Insurers shall include an exhibit for profit and contingencies load.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall include an exhibit illustrating the derivation of any profit and contingencies load.	See actuarial exhibits.
Credibility Standard Used			
Insurers shall include the number of claims being used to calculate the credibility factor.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers should include the number of claims being used to calculate the credibility factor. If another method of calculating credibility is utilized, insurers should include a description of the method used.	See actuarial exhibits.
Other Actuarial Information Required			
Insurers must include the information described in this section.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers shall also include the following information: <ul style="list-style-type: none"> All actuarial support/justification for all rates being changed, including but not limited to changes in: <ul style="list-style-type: none"> Base rates; Territory definitions; Territory factor changes; Classification factor changes; Classification definition changes; Changes to schedule credits/debits, etc. Exhibits containing current and proposed rates/factors for all rates and classification factors, etc. being changed. 	See actuarial exhibits.

		<ul style="list-style-type: none"> Any exhibits necessary to support the filing that are not mentioned elsewhere in this checklist. 	
Schedule Rating			
Insurers must include the described information described at right.	<u>215 ILCS 5/155.18</u> <u>50 IL Adm. Code 929</u>	Insurers should include appropriate actuarial justification when filing schedule rating plans and/or changes to schedule rating plans.	Schedule rating plan is not being changed at this time.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL TERRITORY PAGE

Legal Professional (Subline Code 317)

ENTIRE STATE 999

Medical Professional

Hospital Professional Liability (Subline Code 210)

Miscellaneous Liability - Professional -
Excluding Veterinarians Professional
Liability (Subline Codes 220 or 240)

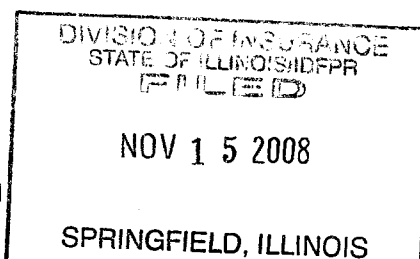
Physicians, Surgeons and Dentists
Professional Liability (Subline Code
230)

COOK COUNTY 001

REMAINDER OF STATE 002

Veterinarians Professional Liability (Subline
Code 317)

ENTIRE STATE 999



THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL GUIDE (a) RATES

1. RULES FOR USE OF GUIDE (a) RATES

- I. Rates differing from the guide (a) rates in the schedule, or a rating basis differing from a rating basis in the schedule, provided none is specified in the Professional Liability Manual, may be established in individual cases by the company.
- II. (a) rates for exposures not assignable to any classification contained in the schedule of guide (a) rates or in the Professional Liability Manual may be established in individual cases by the company.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL GUIDE (a) RATES

36. SOCIAL SERVICES PROFESSIONAL LIABILITY

Adoption or Child Placement	Code 20015	\$415.00	each professional individual
Residential Childcare	Code 20016	\$205.00	each professional individual

THE CINCINNATI INSURANCE COMPANIES
DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
GUIDE (a) RATES

52. INCREASED LIMITS TABLES

- A.** The following interpolation procedure shall be used in determining increased limits factors or combinations of limits not shown in the limits tables:
1. Determine the table factor for the limit or combination of limits next lower than the limit or limits desired and the table factor for the next higher limit or combination of limits.
 2. The factor for the limit or combination of limits desired shall be determined by interpolation, but all fractions in the third decimal place shall be considered as an additional unit in the second decimal place.
 3. Where neither limit required appears in the table, submit for rating.
- B.** All limits are expressed in thousands of dollars.
- C.** Limit codes are shown in parentheses under factors.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL GUIDE (a) RATES

1. Convalescent or Nursing Homes

Aggregate	Per Medical Incident								
	100	200	250	500	1,000	1,500	2,000	2,500	3,000
4,000	2.01 (55)	2.07 (60)	2.09 (63)	2.16 (70)	2.26 (73)	2.33 (74)	2.48 (75)	2.58 (76)	2.68 (77)
4,500	2.02 (55)	2.08 (60)	2.10 (63)	2.17 (70)	2.27 (73)	2.33 (74)	2.48 (75)	2.59 (76)	2.68 (77)
5,000	2.03 (55)	2.09 (60)	2.11 (63)	2.18 (70)	2.28 (73)	2.34 (74)	2.49 (75)	2.60 (76)	2.70 (77)
6,000	2.04 (55)	2.10 (60)	2.12 (63)	2.19 (70)	2.29 (73)	2.35 (74)	2.50 (75)	2.61 (76)	2.71 (77)
7,500	2.05 (55)	2.12 (60)	2.13 (63)	2.20 (70)	2.30 (73)	2.36 (74)	2.51 (75)	2.62 (76)	2.72 (77)
9,000	2.06 (55)	2.14 (60)	2.14 (63)	2.21 (70)	2.31 (73)	2.37 (74)	2.52 (75)	2.63 (76)	2.73 (77)
10,000	2.07 (55)	2.15 (60)	2.15 (63)	2.22 (70)	2.32 (73)	2.38 (74)	2.53 (75)	2.64 (76)	2.74 (77)

2. Dentists

Aggregate	Per Dental Incident								
	2,500	3,000	4,000	5,000	6,000	7,000	8,000	9,000	10,000
2,500	1.44 (76)								
3,000	1.45 (76)	1.46 (77)							
4,000	1.46 (76)	1.47 (77)	1.48 (78)						
4,500	1.47 (76)	1.48 (77)	1.49 (78)						
5,000	1.48 (76)	1.49 (77)	1.50 (78)	1.51 (79)					
6,000	1.49 (76)	1.50 (77)	1.51 (78)	1.52 (79)	1.53 (80)				
7,500	1.50 (76)	1.51 (77)	1.52 (78)	1.53 (79)	1.54 (80)	1.55 (81)			
9,000	1.51 (76)	1.52 (77)	1.53 (78)	1.54 (79)	1.55 (80)	1.56 (81)	1.57 (83)	1.58 (84)	
10,000	1.52 (76)	1.53 (77)	1.54 (78)	1.55 (79)	1.56 (80)	1.57 (81)	1.58 (83)	1.59 (84)	1.60 (85)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL GUIDE (a) RATES

3. Hospitals

Aggregate	Per Medical Incident		
	1,500	2,000	3,000
1,500	2.10 (74)		
2,000	2.24 (74)	2.30 (75)	
3,000	2.34 (74)	2.46 (75)	2.58 (77)
4,000	2.37 (74)	2.51 (75)	2.69 (77)
5,000	2.38 (74)	2.53 (75)	2.73 (77)

4. Insurance Agents Lawyers Physicians Social Services

Social Services				
Aggregate	Per Claim / Medical Incident			
	1,500	2,000	2,500	3,000
1,500	2.63 (74)			
2,000	2.73 (74)	2.85 (75)		
2,500	2.78 (74)	2.92 (75)	3.00 (76)	
3,000	2.80 (74)	2.96 (75)	3.06 (76)	3.12 (77)

5. Surgeons

Surgeons				
Aggregate	Per Medical Incident			
	1,500	2,000	2,500	3,000
1,500	2.78 (74)			
2,000	2.89 (74)	3.04 (75)		
2,500	2.95 (74)	3.13 (75)	3.24 (76)	
3,000	2.98 (74)	3.17 (75)	3.31 (76)	3.39 (77)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL GUIDE (a) RATES

6. Animal Grooming
Cemetery
Chiropractors
Chiropodists / Podiatrists
Clergy / Counselors
Cosmetologists and Barbers
Cosmetology or Barbering School
County Recorders and / or County Clerks
EMTs
Funeral Service Providers
Miscellaneous Health Care
Optometrists
Pedorthists
Physiotherapists
Printers
Real Estate Agents
Teachers
Travel Agents
Veterinarians

Aggregate	Per Claim / Medical Incident / Occurrence / Professional Incident			
	1,500	2,000	2,500	3,000
1,500	2.10 (74)			
2,000	2.13 (74)	2.21 (75)		
2,500	2.14 (74)	2.23 (75)	2.28 (76)	
3,000	2.15 (74)	2.24 (75)	2.30 (76)	2.33 (77)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL GUIDE (a) RATES

7. Blood Banks Medical or X-ray Laboratories

Aggregate	Per Medical Incident		
	1,500	2,000	3,000
1,500	2.81 (74)		
2,000	2.88 (74)	3.25 (75)	
3,000	2.91 (74)	3.34 (75)	4.08 (77)
4,000		3.35 (75)	4.14 (77)
5,000			4.15 (77)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL GENERAL RULES

THIS MANUAL CONTAINS THE RULES AND RATES
FOR PROFESSIONAL LIABILITY USED BY THE FOLLOWING
BY APPLYING THE FACTORS INDICATED

THE CINCINNATI INSURANCE COMPANY - 1.00
THE CINCINNATI CASUALTY COMPANY - .85
THE CINCINNATI INDEMNITY COMPANY - 1.35

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1. APPLICATION OF THIS DIVISION

A. The rules contained in this subdivision apply to the following liability coverages:

1. Animal Grooming Professional Liability
2. Blood Bank Professional Liability
3. Cemetery Professional Liability
4. Chiropodist / Podiatrist Professional Liability
5. Chiropractor Professional Liability
6. Clergy / Counselors Professional Liability
7. Condominium or Homeowners Associations Wrongful Acts
8. Cosmetologists and Barbers Professional Liability
9. Cosmetology or Barbering School Professional Liability
10. County Recorder and / or County Clerk's Errors and Omissions
11. Dentist's Professional Liability
12. Emergency Medical Technician Professional Liability
13. Funeral Service Provider Professional Liability
14. Hospital Professional Liability
15. Insurance Agents Errors and Omissions
16. Lawyer's Professional Liability
17. Medical or X-Ray Laboratory Professional Liability
18. Miscellaneous Health Care Professional Liability
19. Nurse's Professional Liability
20. Optometrist Professional Liability

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

NOV 15 2008

SPRINGFIELD, ILLINOIS

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL GENERAL RULES

1. APPLICATION OF THIS DIVISION (Cont'd)

21. Pedorthists Professional Liability
 22. Physicians and Surgeons Professional Liability
 23. Physiotherapist Professional Liability
 24. Printers Errors and Omissions
 25. Prior Acts or Omissions Extension of Coverage
 26. Real Estate Agents' Errors and Omissions
 27. Religious Institutions Wrongful Acts
 28. Social Services Professional Liability
 29. Teacher's Professional Liability
 30. Travel Agents Errors and Omissions
 31. Veterinarian Professional Liability
- B. The coverages listed in Item A. above may be written as part of any policy containing property coverage.

2. REFERRALS TO COMPANY

Refer to the company for:

- A. Rating or classifying any risk or exposure for which there is no manual rate or applicable classification.
- B. Any applicable rating plan modification.

3. EFFECTIVE DATE

The date shown on the bottom of the page is a printing date and not necessarily the effective date. The effective date or distribution date will be announced on the Manual Revision Notice accompanying new or revised pages.

4. POLICY TERM

Policies may be written for a specific period up to five years.

5. PREMIUM COMPUTATION

A. One-year or Fractional Year Policies

1. For one-year policies, compute the premium using the rates in effect at policy inception.
2. For policies issued for other than a whole number of years, prorate the annual premium to determine the premiums for the fractional part of a year.

THE CINCINNATI INSURANCE COMPANIES
DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
GENERAL RULES

5. PREMIUM COMPUTATION (Cont'd)

B. Multi-year Policies

1. For each annual period, compute the premium at inception using the annual rates in effect at that time.
2. Multi-year policies that are to be adjusted at each anniversary should have the Calculation of Premium (Annual Rerating) Endorsement **IA 429** attached. At each anniversary, compute the premium using the rates in effect at each anniversary.
3. For policies issued for other than a whole number of years, prorate the annual premium to determine the premiums for the fractional part of a year.
4. Prepaid policies should not be written in excess of a one year term except as otherwise indicated.

C. Installment Payments (including Quarterly Installments Option)

1. The premium for a policy may be payable on semi-annual or quarterly installment basis in the following manner:

For policies issued on a semi-annual basis, divide the annual premium by two (2) and add \$5.00 for each installment.

For policies issued on a quarterly basis, divide the annual premium by four (4) and add \$5.00 for each installment.
2. **Eligibility: (Minimum premium does not apply to Medical Professional)**
 - a. A policy must develop a \$250 minimum premium per installment prior to the installment charge; or
 - b. If a policy is one of several policies written by us for the same insured, all policies shall be eligible for installment payments provided at least one of the policies develops a \$250 minimum payment per installment prior to the installment charge.
3. The following items apply to policies with Medical Professional Liability:
 - a. There is no interest charge associated with the installment plan.
 - b. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.
 - c. For policies written on a quarterly payment plan, an initial payment of 25% of the total annual premium plus \$5 will be due at policy inception. Each of the subsequent installments will be 25% of the total annual premium plus \$5 per installment and will be due 3, 6, and 9 months from policy inception, respectively.

6. FACTORS OR MULTIPLIERS

Wherever applicable, factors or multipliers are to be applied consecutively and not added together.

7. ROUNDING RULE

- A. Round rates, factors and multipliers after the final calculation to three decimal places. Five-tenths or more of a mill shall be considered one mill; for example, .1245 = .125.
- B. Round the premium for each coverage and exposure for which a separate premium is calculated to the nearest whole dollar. Round a premium involving \$.50 or over to the next higher whole dollar; for example, \$100.50 = \$101.00 but \$100.49 = \$100.00.

Note: Charge a premium of at least \$1 for each instance where a separate premium is calculated.

THE CINCINNATI INSURANCE COMPANIES
DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
GENERAL RULES

7. ROUNDING RULE (Cont'd)

- C. Installments.** Add the installment charge per Rule 5.C. and round each installment to the lowest whole dollar.

Example:

Quarterly Policy.

Annual Policy Premium is \$1,395.

$\$1,395 / 4 \text{ Installments} = \348.75

$\$348.75 + \$5 \text{ (Installment Charge)} = \353.75

Round Quarterly Premium with Installment Charge to \$353.

8. MINIMUM PREMIUM

Division Minimum Premium

The lowest amount for which the Professional Coverage Part may be written is \$100. This amount is not subject to any adjustment, including increased limits, package modification, expense factor or rate plans. Specific coverage minimum premiums are included within the Division Minimum unless stated otherwise. Specific coverage minimums that exceed the Division Minimum override the Division Minimum.

If Animal Grooming Professional Liability, Cosmetologists and Barbers Professional Liability, Cosmetology or Barbering School Professional Liability, Clergy / Counselors Professional Liability or Teachers' Professional Liability is the only Division Seven coverage being written, the Division Minimum Premium is \$50.

9. ADDITIONAL PREMIUM CHANGES

- A.** Prorate all changes requiring additional premium.
- B.** Apply the rates and rules in effect on the effective date of the policy. In computing the additional premium, charge the amount applicable on the effective date of the change even if the policy inception premium was less than the Division Minimum Premium.
- C.** Waive additional premium of \$15.00 or less. This waiver only applies to cash exchange due on an endorsement effective date.

10. RETURN PREMIUM CHANGES

- A.** Deletion of a mandatory coverage is not permitted unless the entire policy is cancelled. See Cancellation Rule.
- B.** Compute return premium at the rates used to calculate the policy premium.
- C.** Compute return premium pro rata and round to the nearest whole dollar when any change or exposure is deleted or an amount of insurance is reduced.
- D.** Waive return premium of \$15.00 or less. Grant any return premium due if requested by the insured. This waiver only applies to cash exchange due on the endorsement effective date.
- E.** Retain the Division Minimum Premium.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL GENERAL RULES

11. POLICY CANCELLATIONS

If the policy is canceled, the earned premium shall be calculated on a pro rata basis and rounded to the nearest whole dollar.

12. RATES AND PREMIUM DEVELOPMENT

- A. Rates are shown on the rate pages opposite the identifying code numbers of the classifications. For classifications not subject to premium adjustment on audit, the rates apply per policy year unless otherwise specified in classification footnotes.
- B. Use all bases of premium which are listed next to any particular classification in the Classification portion of this manual.
- C. Every risk whose classifications show the symbol (a) instead of a specific rate or minimum premium and every risk having no specific classification must be referred to the company.

13. INDIVIDUAL RISK SITUATIONS

A. Refer to Company

- 1. For rating or classifying any risk or exposure for which:
 - a. The manual rate or applicable classification is clearly demonstrated to be inappropriate because of a unique or unusual feature of the risk; or
 - b. The coverage to be written is broader than that contained in the applicable standard coverage part; or
 - c. There is proof that, for a specified professional liability coverage, the named risk is qualified in this jurisdiction for placement of such insurance with an unauthorized insurer, and the insured agrees to the proposed rate or premium to be charged; or
 - d. Excess insurance is being provided. Excess insurance means liability insurance provided in an amount not less than \$1,000,000 in excess of a specified retained limit provided that such retained limit is not less than;
 - (1) \$350,000 per claim, as respects those exposures covered by underlying insurance; and
 - (2) \$10,000 per claim, as respects those exposures not covered by underlying insurance; or
 - e. Increased limits are provided and the annual increased limits written premium determined by the customary rating procedures is \$5,000 or more.
 - 2. If a coverage part providing the insurance contemplated by an applicable classification and rate is endorsed to restrict coverage for hazards not common to all risks within the class.
 - 3. Where liability increased limits are provided and the risk is reinsured on a facultative basis.
- The following rating procedure is available for the determination of the applicable premium:

THE CINCINNATI INSURANCE COMPANIES
DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
GENERAL RULES

13. INDIVIDUAL RISK SITUATIONS (Cont'd)

- a. Manual rules and rates shall apply to the portion of the limits of insurance retained by the company.
- b. For limits of insurance obtained by means of facultative reinsurance, the premium shall be the facultative cost for such insurance increased by a charge up to but not exceeding 50%.
- 4. If an aggregate limit of professional liability is adjusted at any time during the policy period.

14. - 15. RESERVED FOR FUTURE USE

16. ADDITIONAL RULES

- A. When Professional Liability Coverage is added to a Homeowners Policy, attach Common Policy Conditions Form **PX 401** in conjunction with the Professional Liability Coverage Form.
- B. Attach Illinois Changes - Cancellation and Nonrenewal **IA 4210 IL** to all professional liability coverage forms issued in Illinois.
- C. Attach Lawyer's Professional Liability Amendatory Endorsement **PA 416 IL** to Lawyer's Professional Liability Coverage Form **PA 105**.
- D. Attach Illinois Changes - Condominium or Homeowners Associations Wrongful Acts Endorsement **PA 465 IL** to Condominium or Homeowners Associations Wrongful Acts Coverage Form **PA 110**.
- E. Attach Illinois Changes - Religious Institutions Wrongful Acts Endorsement **PA 472 IL** to Religious Institutions Wrongful Acts Coverage Form **PA 112**.
- F. Attach Emergency Medical Technician Professional Liability Amendatory Endorsement **GA 424 IL** to Emergency Medical Technician Professional Liability Coverage Form **PA 113**.
- G. Attach Illinois Changes - Health Care Facility Professional Liability Coverage Form **PA 4040 IL** to Health Care Facility Professional Liability Coverage Form **PA 126**.

THE CINCINNATI INSURANCE COMPANIES
DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
GENERAL RULES

17. - 18. RESERVED FOR FUTURE USE

19. INTERSTATE ACCOUNTS

A. Rules and Rates

The rules and rates for Commercial Professional Liability coverage(s) will use the filed rates for each medical or professional liability exposure(s) in the respective state where the operations are licensed.

B. Forms

1. Professional liability policies providing coverage on locations in more than one state may be written on one policy subject to the basic coverage form(s) filed in the state where the:
 - a. Insured's largest medical or professional liability exposure or headquarters is located; or
 - b. Insurance is negotiated.
2. When applicable, forms recognizing state amendatory changes will be included as required by the coverage(s) afforded for each respective state endorsed.

20. ACORD FORMS

Current supplies of ACORD applications, binders and / or certificates may be used for coverages relative to this line of business. Future state revisions will require use of the proper applications on the effective date mandated.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services made against the insured hospital, institution or clinic.

B. Forms

PA 114 - Hospital Professional Liability Coverage Form

PA 514 - Hospital Professional Liability Coverage Part Declarations

PA 126 - Health Care Facility Professional Liability Coverage Form

PA 524 - Health Care Facility Professional Liability Coverage Part Declarations

C. Applications

MI-1313 - Hospital Questionnaire

IT-001 - Senior Citizens Long-Term Care Facility Supplemental Questionnaire

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are per bed or number of outpatient visits. Per bed is the daily average number of beds, cribs or bassinets occupied during the policy period. Per outpatient visit is the total number of visits made during the policy period by patients who do not receive bed and board service.

Hospitals are subject to additional premium charges for each of their employed staff physicians, surgeons or dentists, other than interns, who do not have their own private practices. Refer to Rule 2. Physicians and Surgeons Professional to classify employed physicians and surgeons. Use .35 of the rate from the appropriate classifications for each employed physician or surgeon to calculate the additional charges.

2. Classifications

Based on the insured's business operation, choose the classification which best describes the operation. More than one classification may be necessary for risks with multiple business operations.

Hospitals, institutions and clinics operated by the federal government or a state, county, city or other governmental unit shall be rated as not-for-profit hospitals, institutions or clinics, as appropriate.

- a. **Clinics, Dispensaries or Infirmaries - treatment of outpatients only - no regular bed and board facilities.** This classification does not apply to drugless healing institutions such as chiropractic, naturopathic, santipractic and Christian Science Institutions and not-for-profit dental clinics. Such risks should be submitted to the Home Office.

Clinics, dispensaries or infirmaries incidental to industrial or commercial risks should be classified and rated under the For-Profit classification. Clinics, dispensaries or infirmaries operated by physicians shall be classified and rated according to Rule 2. Physicians and Surgeons Professional Liability.

Classification

For-Profit-Per 100 outpatient visits
Not-For-Profit-Per 100 outpatient visits
Osteopathic-Per 100 outpatient visits

Code

80613
80614
84803

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN

COMMERCIAL LINES

PROFESSIONAL LIABILITY MANUAL

COVERAGE RULES

1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210) (Cont'd)

- b. **Convalescent or Nursing Homes - not mental-psychopathic institutions.** This classification does not apply to risks with surgical operating room facilities, laboratory or medical departments or X-ray apparatus.

For-Profit

Per bed	
Skilled Care	30018
Intermediate Care	30019
Assisted Living	30020
Group Homes	30021
Independent Retirement Living	30022
Per 100 outpatient visits	80951

Not-for-Profit

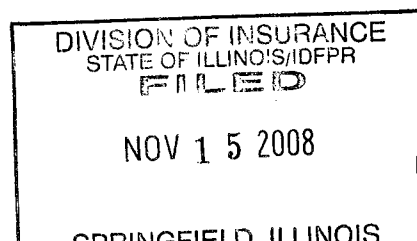
Per bed	
Skilled Care	30023
Intermediate Care	30024
Assisted Living	30025
Group Homes	30026
Independent Retirement Living	30027
Per 100 outpatient visits	80952

Skilled Care: Provides nursing care 24 hours per day by licensed nursing professionals. Some specialized equipment used. Most patients are totally dependent on the staff for assistance with Activities of Daily Living (ADL) including feeding, bathing, dressing and mobility. Staff will also administer tube feedings, catheterizations and injections. These facilities are eligible to participate in Medicare and Medicaid programs as nursing facilities.

Intermediate Care: Provides health care services at a more than incidental basis, but at a level below a skilled care facility. Usually do not administer tube feedings, catheterizations or injections. Most patients need assistance with Activities of Daily Living (ADL): dressing, bathing, feeding and mobility, and some assistance with medications. These facilities do not qualify for Medicare or Medicaid Program.

Assisted Living: Provides residents with minimal care by professional staff. Residents are ambulatory with minor exceptions, and need some assistance with Activities of Daily Living (ADL): dressing, bathing and feeding. The facility provides a protective environment involving communal meals and planned programs for their social and spiritual needs. Residents also receive incidental health care services, including assistance with medications.

Group Homes: These facilities provide living accommodations for senior citizens who need some form of structured living. These facilities will be under the direction of a live-in supervisor and may include communal dining, social and spiritual needs. Residents will be ambulatory and not dependent on others for Activities of Daily Living (ADL). Buildings occupied by Senior Citizens without any form of organized group activities and / or without live-in supervisor are not eligible for this classification. This classification is reserved for facilities that provide 15 or fewer beds per group home.



THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210) (Cont'd)

Independent Retirement Living: Provides for residents who are of retirement age and in general good health. Residents do not receive any health care services, assistance with Activities of Daily Living (ADL) or medications. They occupy apartment / dwelling units that normally include cooking facilities and contain special features for senior citizens, such as panic or help buttons, wider doorways and halls. These facilities may offer voluntary social and spiritual programs, transportation and limited food service. Residents may be required to have a predetermined number of meals per day or per week in the facility's dining area. One or more LPNs may be on premises to answer call buttons.

- c. **Hospices.** This classification applies to institutions specializing in the care and treatment of terminal illness. It does not apply to risks with surgical operating room facilities even though designated as hospices.

For-Profit-per bed	80510
Not-for-Profit-per bed	80512

- d. **Hospitals.** This classification applies to hospitals treating all general or special medical and surgical cases including sanitariums with surgical operating room facilities. This is a NOC classification.

For-Profit	
Per bed	80611
Per 100 outpatient visits	80610

Not-for-Profit	
Per bed	80612
Per 100 outpatient visits	80617

Osteopathic	
Per bed	84965
Per 100 outpatient visits	84966

- e. **Mental-Psychopathic Institutions.** This classification applies to institutions primarily for the restraint and treatment of mental, drug, narcotic or alcoholic cases.

For-Profit	
Per bed	80997
Per 100 outpatient visits	80999

Not-for-Profit	
Per bed	80916
Per 100 outpatient visits	80917

- f. **Outpatient Surgical Facilities**

Osteopathic	84453
Not Osteopathic	80453

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210) (Cont'd)

- g. **Rehabilitation Hospitals.** This classification applies to institutions providing restorative and support services for the disabled. If regular bed and board facilities are provided, classify and rate in accordance with the appropriate classification in this rule.

For-Profit
Per bed 80516
Per 100 outpatient visits 80517

Not-for-Profit
Per bed 80518
Per 100 outpatient visits 80519

- h. **Sanitariums or Health Institutions - not hospitals or mental-psychopathic institutions.** This classification applies to risks with regular bed and board facilities, and with laboratory or medical departments. It does not apply to risks with surgical operating room facilities even though designated as sanitariums or health institutions.

For-Profit
Per bed 80925
Per 100 outpatient visits 80953

Not-for-Profit
Per bed 80926
Per 100 outpatient visits 80954

- i. **Skilled Nursing Facilities - Short Term.** This classification applies to institutions primarily engaged in providing skilled nursing care and related services for inpatients requiring medical supervision of their care or rehabilitation services on a daily basis. It does not apply to risks with surgical operating room facilities, laboratory or medical departments or X-ray apparatus.

For-Profit
Per bed 80522
Per 100 outpatient visits 80523

Not-for-Profit
Per bed 80524
Per 100 outpatient visits 80525

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210) (Cont'd)

3. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification Code	Rate	Minimum Premium Per Location
30018	351.00	3,510.00
30019	328.00	3,280.00
30020	292.00	2,920.00
30021	211.00	2,110.00
30022	18.00	180.00
30023	317.00	3,170.00
30024	296.00	2,960.00
30025	264.00	2,640.00
30026	190.00	1,900.00
30027	16.00	160.00
80453	(a)	(a)
80510	95.00	950.00
80512	69.00	690.00
80516	190.00	1,900.00
80517	8.00	included in 80516
80518	138.00	1,380.00
80519	8.00	included in 80518
80522	238.00	2,380.00
80523	8.00	included in 80522
80524	172.00	1,720.00
80525	8.00	included in 80524
80610	79.00	included in 80611
80611	1,618.00	16,180.00
80612	2,666.00	26,660.00
80613	(a)	(a)
80614	95.00	1,050.00
80617	114.00	included in 80612
80916	761.00	7,610.00
80917	38.00	included in 80916
80925	799.00	7,990.00
80926	381.00	3,810.00
80951	8.00	included in 30018 - 30022
80952	8.00	included in 30023 - 30027
80953	19.00	included in 80925
80954	19.00	included in 80926
80997	1,143.00	11,430.00
80999	40.00	included in 80997
84453	(a)	(a)
84803	(a)	(a)
84965	2,380.00	23,800.00
84966	95.00	included in 84965

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

NOV 15 2008

SPRINGFIELD, ILLINOIS

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

1. HOSPITAL PROFESSIONAL LIABILITY COVERAGE (Subline Code 210) (Cont'd)

RESERVED

FOR

FUTURE

USE

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

NOV 15 2008

SPRINGFIELD, ILLINOIS

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services.

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Part Declarations

C. Application

PA-002 - Medical Professional Liability Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are each physician or surgeon.

2. Classifications

When multiple physicians or surgeons are covered under the same policy, each insured physician or surgeon shall be assigned to one classification only, based on that person's medical specialty. If two or more classifications apply to the same individual, use the highest rated classification. An individual who would normally be assigned to a classification whose code number is followed by an asterisk* or cross-hatch # must be classified under b. or c. below if they perform any of the procedures listed in b. or c.

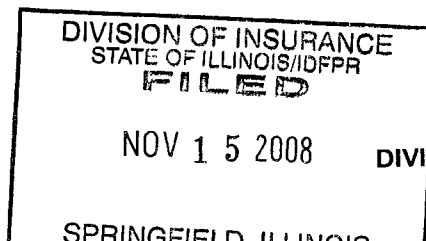
a. Physicians and Surgeons Classifications	M.D. Code	D.O. Code
Aerospace Medicine	80230*#	
Allergy.....	80254*#	84254*#
Anesthesiology	80151	84151
This classification applies to all general practitioners or specialists who perform general anesthesia or acupuncture anesthesia.		
Broncho-Esophagology	80101	
Cardiovascular Disease-minor surgery	80281*	84281*
Cardiovascular Disease-no surgery	80255*#	84255*#
Dermatology-minor surgery	80282*	84282*
Dermatology-no surgery.....	80256*#	84256*#
Diabetes-minor surgery	80271*	

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Diabetes-no surgery.....	80237*#	
Emergency Medicine - including major surgery	80157	84157
This classification applies to any general practitioner or specialist primarily engaged in emergency practice at a clinic, hospital or rescue facility who performs major surgery.		
Emergency Medicine-no major surgery	80102	84102
This classification applies to any general practitioner or specialist primarily engaged in emergency practice at a clinic, hospital or rescue facility who does not perform major surgery.		
Endocrinology-minor surgery	80272*	84272*
Endocrinology-no surgery.....	80238*#	84238*#
Family Physicians or General Practitioners-no surgery	80420	84420
Family Physicians or General Practitioners-minor surgery.....	80421	84421
Forensic Medicine	80240*#	84240*#
Gastroenterology-minor surgery	80274*	84274*
Gastroenterology-no surgery.....	80241*#	84241*#
General Preventive Medicine-no surgery.....	80231*#	
Geriatrics-minor surgery	80276*	84276*
Geriatrics-no surgery	80243*#	84243*#
Gynecology-minor surgery.....	80277*	84277*
Gynecology-no surgery	80244*#	84244*#
Hematology-minor surgery.....	80278*	84278*
Hematology-no surgery	80245*#	84245*#
Hypnosis.....	80232*#	
Infectious Diseases-minor surgery	80279*#	
Infectious Diseases-no surgery	80246*#	
Intensive Care Medicine.....	80283	84283
This classification applies to any general practitioner or specialist employed in an intensive care hospital unit.		



THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

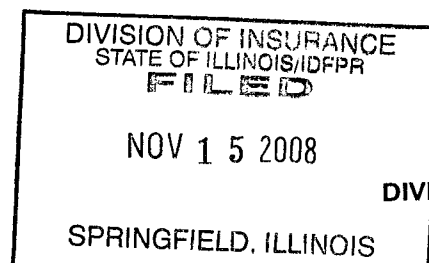
Internal Medicine-minor surgery.....	80284*	84284*
Internal Medicine-no surgery	80257*#	84257*#
Laryngology-minor surgery.....	80285*	
Laryngology-no surgery	80258*#	
Legal Medicine	80240*#	
Manipulator		84801*
Neoplastic Diseases-minor surgery	80286*	
Neoplastic Diseases-no surgery	80259*#	
Nephrology-minor surgery	80287*	
Nephrology-no surgery	80260*#	
Nephrology-including child-minor surgery	80288*	84288*
Neurology-including child-no surgery	80261*#	84261*#
Nuclear Medicine	80262*#	84262*#
Nutrition.....	80248*#	
Occupational Medicine	80233*#	84233*#
Ophthalmology-minor surgery	80289*	84289*
Ophthalmology-no surgery.....	80263*#	84263*#
Otology-minor surgery.....	80290*	
Otology-no surgery	80264*#	
Otorhinolaryngology-minor surgery	80291*#	84291*
Otorhinolaryngology-no surgery	80265*#	84265*#
Pathology-minor surgery.....	80292*	84292*
This classification includes pathological laboratories operated by the insured. Use endorsement PA 494.		
Pathology-no surgery	80266*#	84266*#
This classification includes pathological laboratories operated by the insured. Use endorsement PA 494.		
Pediatrics-minor surgery	80293*	84293*
Pediatrics-no surgery.....	80267*#	84267*#

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Pharmacology-clinical	80234*#	
Physiatry.....	80235*#	
Physical Medicine and Rehabilitation	80235*#	84235*#
Physicians-minor surgery	80294*	
This is an NOC classification.		
Physicians-no surgery	80268*#	84268*#
This is a NOC classification.		
Physicians or Surgeons Assistants	80116*#	84116*#
This classification applies to physicians or surgeons assistants who have completed an approved course of study leading to university certification and who perform their duties under the direct supervision of a licensed physician or surgeon assisting in the clinical and / or research endeavors of the physician or surgeon.		
Psychiatry-including child	80249*#	84249*#
Psychoanalysis.....	80250*#	
Psychosomatic Medicine.....	80251*#	84251*#
Public Health	80236*#	
Pulmonary Diseases-no surgery	80269*#	84269*#
Radiology-diagnostic-minor surgery	80280*	84280*
This classification includes X-ray laboratories operated by the insured. Use endorsement PA 494.		
Radiology-diagnostic-no surgery	80253*#	84253*#
This classification includes X-ray laboratories operated by the insured. Use endorsement PA 494.		
Rheumatology-no surgery	80252*#	84252*#
Rhinology-minor surgery.....	80270*	
Rhinology-no surgery	80247*#	
Scierotherapy		84802*
Teaching Physicians-no surgery	80321	
This classification applies to those physicians who would normally be assigned to codes 80230-80269 inclusive.		



THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Teaching Physicians-minor surgery 80322

This classification applies to those physicians who would normally be assigned to codes 80270-80294.

Teaching Physicians or Surgeons-major surgery 80323

This classification applies to those specialists who would normally be assigned to one of the following codes:

80101, 80102, 80103, 80104,
80105, 80107, 80108, 80114,
80115, 80117.

Teaching Physicians or Surgeons-major surgery 80324

This classification applies to those specialists who would normally be assigned to code 80145.

Teaching Physicians or Surgeons-major surgery 80325

This classification applies to those specialists who would normally be assigned to one of the following codes:

80106, 80141, 80143, 80151,
80155, 80157, 80158, 80159,
80160, 80166.

Teaching Physicians or Surgeons-major surgery 80326

This classification applies to those specialists who would normally be assigned to one of the following codes:

80153, 80156, 80167,
80168, 80169, 80170.

Teaching Physicians or Surgeons-major surgery 80327

This classification applies to those specialists who would normally be assigned to one of the following codes:

80144, 80146, 80150,
80152, 80154, 80171.

b. Physicians-No Major Surgery Classifications (For Classifications with an *)

These classifications apply to all general practitioners or specialists except those performing major surgery, anesthesiology or acupuncture anesthesiology, who perform any of the following medical techniques or procedures:

	M.D. Code	D.O. Code
Acupuncture-other than acupuncture anesthesia	80437	84437
Angiography.....	80422	84422
Arteriography.....	80422	84422

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Catheterization..... 80422 84422

Arterial, cardiac or diagnostic-other than (a) the occasional emergency insertion of pulmonary wedge pressure recording catheters or temporary pacemakers, (b) urethra catheterization or (c) umbilical cord catheterization for diagnostic purposes or for monitoring blood gases in newborns receiving oxygen.

Discograms 80428 84428

Lasers-used in therapy 80425 84425

Lymphangiography 80434 84434

Myelography..... 80428 84428

Phlebography..... 80434 84434

Pneumoencephalography..... 80428 84428

Radiation Therapy 80425 84425

This classification includes X-ray laboratories operated by the insured. Use endorsement PA 494.

Shock Therapy 80431 84431

c. Physicians-No Major Surgery Classifications (For Classifications with a #)

These classifications apply to all general practitioners or specialists except those performing major surgery, anesthesiology or acupuncture anesthesiology, who perform any of the following medical techniques:

	M.D. Code	D.O. Code
Colonoscopy	80443	84443

Endoscopic Retrograde Cholangiopancreatography	80443	84433
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Laparoscopy (Peritonescopy)	80440	84440
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Needle Biopsy	80446	84446
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Including lung and prostate, but not including liver, kidney or bone marrow biopsy.

Pneumatic or mechanical esophageal dilatation (not bougie or olive)	80433	84443
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Radiopaque Dye Injections	80449	84449
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Injection into blood vessels, lymphatics, sinus tracts and fistulae
(Not applicable to Radiologists codes 80280* and 84280*).

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

d. Surgery Classifications	M.D. Code	D.O. Code
Abdominal	80166	
Cardiac	80141	
Cardiovascular disease	80150	84150
Colon and rectal	80115	
Endocrinology	80103	
Gastroenterology	80104	
General	80143	84143
This is an NOC classification. This classification does not apply to any family or general practitioner or to any specialist who occasionally performs major surgery.		
General practice or family practice	80117	
Geriatrics	80105	
Gynecology	80167	84167
Hand	80169	
Head and neck	80170	
Laryngology	80106	
Neoplastic	80107	
Nephrology	80108	
Neurology-including child	80152	84152
Obstetrics	80168	
Obstetrics-gynecology	80153	84153
Ophthalmology	80114	
Orthopedic	80154	84154
Otology	80158	
This classification does not apply to general practitioners or specialists performing plastic surgery.		
Otorhinolaryngology	80159	
This classification does not apply to general practitioners or specialists performing plastic surgery.		

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Plastic	80156	84156
This is an NOC classification.		
Plastic-otorhino-laryngology.....	80155	84155
Rhinology	80160	
Thoracic.....	80144	84144
Traumatic.....	80171	
Urological	80145	84145
Vascular.....	80146	

e. Physicians and Surgeons-In Active US Military Service Classifications

The following classifications and additional charges apply for physicians and surgeons in active United States Military Service:

Physicians-no surgery	80131	84131
Physicians-no major surgery	80172	84172
Physicians-minor surgery	80132	84132
Physicians or Surgeons-major surgery	80172	84172

This classification applies to those specialists who would normally be assigned to one of the following codes:
80101, 80102, 80103, 80104,
80105, 80107, 80108, 80114,
80115, 80117.

Physicians or Surgeons-major surgery	80173	84173
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This classification applies to those specialists who would normally be assigned to the following codes: 80145, 84145.

Physicians or Surgeons-major surgery	80174	84174
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This classification applies to those specialists who would normally be assigned to one of the following codes:
80106, 80141, 80143, 80151,
80155, 80157, 80158, 80159,
80160, 80166.

Physicians or Surgeons-major surgery	80175	84175
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This classification applies to those specialists who would normally be assigned to one of the following codes:
80153, 80156, 80167,
80168, 80169, 80170.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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NOV 15 2008

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Physicians or Surgeons-major surgery 80176 84176

This classification applies to those specialists who would normally be assigned to one of the following codes:
80144, 80146, 80150,
80152, 80154, 80171.

Additional charges:

Radiation therapy 80136 84136

Shock therapy 80137 84137

f. Additional charges

These classifications are not designed to be used as governing classifications, except for partnership or corporate liability (codes 80999 and 84999).

The following additional charges apply for all classifications, except classifications in e. above.

Partnership or Corporate Liability 80999 84999

This classification is to be used as the governing classification when the individual insured physician or surgeon is also insured as either a corporation or partnership. This classification is subject to any applicable additional charge classifications for employed physicians, surgeons and technicians.

+Employed Nurse Anesthetist 80452 84452

The manual rate for this classification will be .10 of the rate for Anesthesiology codes 80151 and 84151.

Employed Physicians or Surgeons Assistants 80129 84129

This additional charge classification applies not only to individual insured physicians or surgeons but also to physicians or surgeons who are employees of partnerships, limited liability companies, corporations or professional associations practicing medicine.

Employed Physicians or Surgeons 80177 84177

The rate shall be .25 of the rate applicable for the self-employed physician or surgeon.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

+Employed Technicians-radium, including diagnostic
X-ray laboratory or pathological 80148 84148

+Employed Technicians-radiation therapy 80149 84149

+Shock Therapy-by employed physicians or surgeons
involved with major surgery 80161 84161

Shock Therapy-by insured physicians or surgeons
involved with major surgery 80162 84162

This additional charge applies to each insured physician or
surgeon doing shock therapy work.

+Radiation Therapy-by employed physicians or surgeons
involved with major surgery 80163 84163

Radiation Therapy-by insured physicians or surgeons
involved with major surgery 80165 84165

This additional charge applies to each insured physician or surgeon doing X-ray therapy
work.

+The rate for this additional charge classification applies not only to employees of individual
insured physicians or surgeons but also to employees of partnerships, limited liability
companies, corporations or professional associations practicing medicine. It applies per
employee regardless of the number of partners or members. It also applies to such
personnel in pathological or X-ray laboratories operated or supervised by the insured.

3. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

4. Additional Charge - Partnership, association or corporation - M.D. Code 80999/ D.O. Code 84999

When the named insured consists of an individual(s) entity and a partnership, association or corporation (but not a professional corporation), make an additional charge of 20% of the per person rate for each individual comprising the partnership, association or corporation, for the exposure of the partnership, association or corporate entity. This charge is in addition to the charges below for full coverage.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Classification		Rates	Classification		Rates
M.D.	D.O.		M.D.	D.O.	
80101	-	\$12,093.00	80156	84156	\$19,349.00
80102	84102	18,140.00	80157	84157	14,512.00
80103	-	12,093.00	80158	-	12,093.00
80104	-	14,512.00	80159	-	12,093.00
80105	-	12,093.00	80160	-	12,093.00
80106	-	12,093.00	80161	84161	726.00
80107	-	12,093.00	80162	84162	1,210.00
80108	-	12,093.00	80163	84163	908.00
80114	-	7,256.00	80165	84165	3,629.00
80115	-	12,093.00	80166	-	21,768.00
80116	84116	2,419.00	80167	84167	16,930.00
80117	-	14,512.00	80168	-	24,186.00
80129	84129	454.00	80169	-	19,349.00
80131	84131	58.00	80170	-	19,349.00
80132	84132	100.00	80171	-	19,349.00
80136	84136	58.00	80172	84172	231.00
80137	84137	58.00	80173	84173	308.00
80141	-	21,768.00	80174	84174	308.00
80143	84143	19,349.00	80175	84175	385.00
80144	84144	21,768.00	80176	84176	385.00
80145	84145	12,093.00	80177	84177	*
80146	-	21,768.00	80178	84178	**
80148	84148	182.00	80179	84179	(a)
80149	84149	363.00	80230	-	2,903.00
80150	84150	21,768.00	80231	-	3,629.00
80151	84151	12,093.00	80232	-	3,629.00
80152	84152	31,442.00	80233	84233	3,629.00
80153	84153	24,186.00	80234	-	3,629.00
80154	84154	21,768.00	80235	84235	3,629.00
80155	84155	16,930.00	80236	-	3,629.00
			80237	-	3,629.00

*25% of the rate applicable for the self-employed physician or surgeon.

**75% of the rate applicable if physicians or surgeons not employed by the Federal Government.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

Classification			Classification		
M.D.	D.O.	Rates	M.D.	D.O.	Rates
80238	84238	\$3,629.00	80280	84280	\$7,256.00
80240	84240	2,903.00	80281	84281	8,466.00
80241	84241	4,837.00	80282	84282	4,837.00
80243	84243	3,629.00	80283	84283	8,466.00
80244	84244	3,629.00	80284	84284	7,256.00
80245	84245	3,629.00	80285	-	4,837.00
80246	-	4,837.00	80286	-	6,047.00
80247	-	3,629.00	80287	-	6,047.00
80248	-	3,629.00	80288	84288	11,052.00
80249	84249	3,629.00	80289	84289	4,837.00
80250	-	2,903.00	80290	-	4,837.00
80251	84251	2,903.00	80291	84291	4,837.00
80252	84252	3,629.00	80292	84292	4,837.00
80253	84253	4,837.00	80293	84293	7,256.00
80254	84254	2,903.00	80294	-	4,837.00
80255	84255	4,837.00	80321	-	2,721.00
80256	84256	3,629.00	80322	-	4,535.00
80257	84257	4,837.00	80323	-	9,070.00
80258	-	3,629.00	80324	-	9,070.00
80259	-	3,629.00	80325	-	12,698.00
80260	-	3,629.00	80326	-	14,512.00
80261	84261	7,256.00	80327	-	16,325.00
80262	84262	3,629.00	80420	84420	4,837.00
80263	84263	2,903.00	80421	84421	7,256.00
80264	-	3,629.00	80422	84422	7,256.00
80265	84265	3,629.00	80425	84425	7,256.00
80266	84266	3,629.00	80428	84228	7,256.00
80267	84267	4,837.00	80431	84431	7,256.00
80268	84268	3,629.00	80434	84434	7,256.00
80269	84269	4,837.00	80437	84437	7,256.00
80270	-	4,837.00	80440	84440	7,256.00
80271	-	6,047.00	80443	84443	7,256.00
80272	84272	6,047.00	80446	84446	7,256.00
80274	84274	7,256.00	80449	84449	7,256.00
80276	84276	7,256.00	80452	84452	1,210.00
80277	84277	6,047.00	-	84801	2,903.00
80278	84278	6,047.00	-	84802	4,837.00
80279	-	8,466.00			

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

2. PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

E. Resident - Intern - Fellow Coverage

This coverage is provided for physicians in training. Use endorsement **PA 404**. The rate is that available to a Physician / Surgeon.

F. Professional Associations or Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS

A. Medical and Surgical Specialties

Aerospace Medicine

The branch of medicine which deals with physiological, medical, psychological and epidemiological (that is, disease-related) problems in present day air and space travel.

Allergy

A condition in which an individual is sensitive to a substance (or temperature) that does not affect most other people - such as pollen, dust or food.

Anesthesiology

The branch of medicine specializing in anesthesia - the abolition of sensation or the rendering unconscious by artificial means.

Broncho-Esophagology

The branch of medicine which deals with the bronchial tree (body tubes which carry air) and the esophagus (muscular tubular organ which carries food from mouth to stomach).

Cardiovascular Disease

Any diseases that are pertaining to the heart and blood vessels.

Dermatology

The branch of medicine that deals with diagnosis and treatment of diseases of the skin.

Diabetes

The branch of medicine that deals with a disease associated with deficient insulin secretion.

Endocrinology

The branch of medicine that deals with the endocrine (ductless) glands (for example, thyroid) and the various internal secretions.

Forensic Medicine

(See Legal Medicine.)

Gastroenterology

The branch of medicine that deal with the anatomy, physiology and pathology of the stomach and intestines.

General Preventive Medicine

The branch of medicine which aims at the prevention of disease.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Geriatrics

The branch of medicine that deals with the structural changes, physiology, diseases and hygiene of old age.

Gynecology

The branch of medicine that deals with the functions and diseases peculiar to women.

Hematology

The branch of medicine that deals with the blood and its diseases.

Hypnosis

A trance-like condition that can be artificially induced, characterized by an altered consciousness, diminished will power, and an increased responsiveness to suggestion.

Infectious Diseases

Any diseases that are due to the growth and action of microorganisms or parasites in the body, and that may or may not be contagious.

Internal Medicine

The branch of medicine that is concerned with diseases of the internal organs.

Laryngology

The branch of medicine that deals with the larynx (throat part, vocal cords), its functions and its pathology.

Legal Medicine

The application of medical principals in law (also called Forensic Medicine).

Manipulation

Skillful handling in the adjustment of an abnormality or the bringing about of a desirable condition, as the changing of the position of the fetus, the

alignment of the fragments of a broken bone, the replacement of a protruding organ (in hernia), etc.

Neoplastic Diseases

Any diseases that are concerned with any new and abnormal growth, such as a tumor.

Nephrology

The branch of medicine that deals with the kidney and its diseases.

Neurology

The branch of medicine that deals with the nervous system and its disorders.

Nuclear Medicine

The branch of medicine that deals with diagnostic, therapeutic and investigative use of radioactive materials.

Nutrition

The branch of medicine that deals with the act or process of nourishing or taking nourishment, especially the processes by which food is assimilated.

Obstetrics

The branch of medicine that deals with pregnancy and childbirth.

Occupational Medicine

The branch of medicine that deals with treatment of work related illnesses and injuries.

Ophthalmology

The branch of medicine that deals with the structure, functions and diseases of the eye.

Otology

The branch of medicine that deals with the ear

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Otorhinolaryngology

The branch of medicine that treats the ear, nose and throat.

Pathology

The branch of medicine that deals with the origin, nature, causes and development of diseases.

Pediatrics

The branch of medicine that deals with the diseases and hygienic care of children.

Pharmacology, Clinical

The branch of medicine concerned with the nature, preparation, administration and effects of drugs.

Physiatry

The practice of Physical Medicine.

Physical Medicine

A consultative diagnostic, and therapeutic medical specialty coordinating and integrating the use of physical therapy (use of light, heat, cold, water, electricity, and exercises) occupational therapy and physical reconditioning in the Professional Management of the diseased and injured.

Psychiatry

The branch of medicine that deals with the diagnosis, treatment and prevention of mental disorders.

Psychoanalysis

A system used in the investigation of the human mind and the treatment of mental disorders.

Psychosomatic Medicine

The branch of medicine that investigates the reciprocal influences of body

and mind in the cause, prevention, treatment and cure of disease.

Public Health

The branch of medicine that deals with the protection and improvement of community health by organized community effort and including Preventive Medicine and Sanitary and Social Science.

Pulmonary Diseases

Any diseases that are affecting the lungs.

Radiology

The branch of medicine that relates to radiant energy and its application especially in the diagnosis and treatment of disease.

Rheumatology

The branch of medicine that treats rheumatism, a disease marked by inflammation of the connective tissue structures of the body, especially the muscles and joints.

Rhinology

The branch of medicine that relates to the nose and its diseases.

Roentgenology

(See Radiology)

Sclerosant

A medicinal substance which induces inflammation in a tissue and subsequent hardening or shrinkage. It is often used, by injection, in the treatment of varicose veins.

Sclerotherapy

The use of a chemical irritant (a sclerosant) to produce a hardening of a structure, as by injecting it into a varicose vein. See under sclerosant.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Surgery, Cardiovascular

Surgery pertaining to the heart and blood vessels.

Surgery, Neurological

Surgery pertaining to the nervous system.

Surgery, Orthopedic

The branch of surgery concerned with the preservation and restoration of the function of the skeletal system.

Surgery, Plastic

Surgery concerned with the restoration or reconstruction of body structures that are defective or damaged by injury or disease.

Surgery, Thoracic

Surgery pertaining to the chest.

Surgery, Traumatic

Surgery pertaining to trauma - a wound or injury.

Surgery, Urological

Surgery pertaining to the urinary tract of both male and female, and with the genital organs of the male.

Surgery, Vascular

Surgery of the blood vessels within the limbs of the body, or the trunk, neck, abdomen or head.

B. Medical and Surgical Procedures

Acupuncture

Puncture of the skin with long, fine needles for relief of pain.

Angiography

The injection of radiopaque dye into a blood vessel (artery or vein), with or without catheterization, for the purpose of radiologic study of the vessel or its branches.

Arteriography

X-ray studies of arterial circulation following injection of radiopaque material into the blood stream.

Catheterization, Cardiac

Passage of a small catheter (tubular instrument) into a vein in the arm and through the blood vessels into the heart, permitting the securing of blood samples, determination of intracardiac pressure, and detection of cardiac anomalies (irregularities).

Catheterization

The employment or passage of a catheter.

Cryosurgery

Surgery in which extreme cold chilling (as by use of liquid nitrogen or carbon dioxide) produces the desired dissection.

Discograms

A radiological film of an intervertebral disk.

Endoscopy

The inspection of cavities of the body by use of the endoscope.

Laparoscopy (Peritoneoscopy)

A method of examining the peritoneal cavity by means of a peritoneoscope.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

Lasers

An operating assembly used to emit a powerful, highly directional and coherent (nonspreading), monochromatic beam of light which has been used as a surgical tool and in research.

Lymphangiography

Radiological visualization of lymphatic vessels (absorbant vessels which drain tissue fluid from various body tissues and return it to the blood) following injection of a contrast medium.

Major Surgery

Includes operations in or upon any body cavity, including but not limited to the cranium, thorax, abdomen or pelvis; any other operation which, because of the condition of the patient or the length or circumstances of the operation presents a distinct hazard to life. It also includes: removal of tumors, bone fractures, amputations, the removal of any gland or organ and plastic surgery.

Minor Surgery

A surgical procedure of slight extent and not hazardous to life.

Myelography

Radiological visualization of the spinal cord after injection of a contrast medium.

Needle Biopsy

A biopsy in which the tissue or fluid gathering procedure is accomplished through the use of a syringe.

Phlebography

Radiological visualization of veins following injection of a contrast medium.

Pneumoencephalography

X-ray studies of the head following injection of air or gas into the spinal canal following removal of some spinal fluid.

Radiation Therapy

The treatment of disease with any type of radiation, most commonly with ionizing radiation, including the use of roentgen rays, radium or other radioactive substances.

Radiopaque

Not permitting the passage of radiant energy such as X-rays. Radiopaque substances, frequently called "contrast media" are introduced to parts of a patient's body to be studied by X-ray. X-rays will not penetrate the radiopaque substance which causes the part to be studied to show white on an exposed X-ray film.

Shock Therapy

The treatment of certain psychotic disorders by the injection of drugs, or by electrical shocks, both methods inducing coma, with or without convulsions.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

3. MEDICAL AND SURGICAL GLOSSARY AND DEFINITIONS (Cont'd)

C. Definitions

1. D.O. means Doctor of Osteopathy.
2. For-Profit Hospital, Institution or Clinic means one which is neither a Governmental Hospital, Institution or Clinic, nor a Not-For-Profit Hospital, Institution or Clinic as defined in this rule.
3. Major Surgery means:
 - a. Performing major surgery; or
 - b. Assisting in major surgery on patients other than the insured's.Tonsillectomies, adenoidectomies and cesarean sections are major surgery.
4. M.D. means Medical Doctor.
5. Minor Surgery means:
 - a. Performing minor surgery (including obstetrical procedures which are not major surgery); or
 - b. Assisting in major surgery on the insured's patients.
6. No Surgery means neither performing surgery or obstetrical procedures nor assisting in surgery. Incising of boils and superficial fascia, suturing of minor lacerations and removal of superficial skin lesions by other than surgical incision are not surgery.
7. Not-For-Profit Hospital, Institution or Clinic means one which is not operated by a governmental unit and the net earnings of which do not inure to the benefit of any private individual.
8. Teaching Physician or Surgeon means one who teaches on a full-time basis and has no private practice.

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional dental services.

B. Forms

PA 128 - Dentist's Professional Liability Occurrence Coverage Form

PA 526 - Dentist's Professional Liability Coverage Part Declarations (Occurrence)

C. Application (A separate application is to be completed by each dentist)

PA-007 - Dentist's Professional Liability Application for new business

PA-435 - Dentist's Professional Renewal Questionnaire for renewal business



THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each dentist.

2. Classifications

Refer the following classification to the Home Office for approval:

Class 3 Dentist

Coverage for Dentist's Professional Liability is offered for Dentist Class 1 (Professional Liability Class 80226); Class 2 (Professional Liability Class 80227); Class 2A (Professional Liability Class 80229); Class 2B (Professional Liability Class 30028); and Class 3 (Professional Liability Class 80210). Corporation, Limited Liability Company or Partnership (Professional Liability Class 80239) is included if applicable.

Procedure and / or Specialty	Class	Anesthesia
General Dentistry Endodontics Pedodontics Prosthodontics Orthodontics Periodontics / Non-Osseous Surgery, Non-Advanced or Non-Refractory Progressive Periodontitis Implant Prostheses / Non-Surgical Extraction of Erupted Third Molars	1	In the Office: Local N ₂ O Oral Administered by other than an insured or insured's employee: General Deep Intramuscular (IM)
Periodontics / Osseous Surgery, Advanced or Refractory Progressive Periodontitis Extraction of Impacted Third Molars Soft Tissue or Partial Bony Only	2	Conscious IV
Implants / Surgical	2A	Conscious IM
Extraction of Impacted Third Molars Other Than Soft Tissue or Other Than Partial Bony	2B	Conscious IM
Oral and Maxillofacial Surgeon	3	General anesthesia and / or deep sedation given in a dosage designed to render the patient unconscious and done in the office; or in a hospital if administered by an insured or insured's employee.
Any Procedure or Anesthesia in a higher class would make the higher class applicable.		

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

3. Rates

Rates for Basic Limits: \$100,000 Each Dental Incident Limit - Coverage A.
\$ 5,000 Any One Person - Coverage B. First Aid Payments
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Territory (001) - Cook County

Limits	Class				
	1	2	2A	2B	3
\$100,000/\$300,000	\$1,111	1,687	3,354	2,277	8,066

Territory (002) - Remainder of State

Limits	Class				
	1	2	2A	2B	3
\$100,000/\$300,000	\$790	1,211	2,403	1,635	5,662

E. Dental Board Examination Coverage (Binder) (Class Code 80226)

Dentist Professional Liability Coverage may be issued for a dentist while taking their state dental board examination.

1. Binder can be issued for a maximum 5 day term;
2. Limits are \$1,000,000 Each Dental Incident / \$3,000,000 Aggregate;
3. Premium is \$25 flat charge and except for expense modification, is not subject to any further modification or rate plan;
4. Dentist's Professional Liability Occurrence Coverage Form **PA 128** and Dentist's Professional Liability Coverage Part Declarations **PA 526** must be shown on the binder; and
5. Completed binder should be sent to Home Office Underwriter or Field Marketing Representative.

F. For Prior Acts Coverage, refer to Rule 50.

G. Independent contractor hygienists and assistants are included as an insured. A separate charge is not necessary.

H. Optional Coverages

1. Medical Waste Defense Expenses Reimbursement Coverage. Coverage provides \$50,000 of "defense expenses" for a "civil suit" alleging violation of a law or regulation governing the disposal of medical wastes. Attach Form **PA 206**. No premium charge.
2. Department of Professional Regulation (DPR) Supplementary Payments Coverage. Coverage provides \$25,000/\$75,000 annual aggregate for an insured who becomes the subject of a Department of Professional Regulation (DPR), or a similar state regulatory board, investigation. Attach Form **PA 205**. No premium charge.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

3. Locum Tenens (Temporary Substitute) Coverage. Coverage is extended to a named individual who is temporarily substituting for an insured. The Limits of Insurance do not apply separately to the Locum Tenens, but are shared with the insured. Attach Form **PA 204**. No premium charge. Application **PA-007** is required.

I. Rate Modification Plan

1. General Rules

- All rating plans apply for a period of one year and will be recalculated at each anniversary or renewal.
- All credits and debits apply to each dentist individually.
- The credits and debits provided by these plans shall be taken one after the other and not added together.
- The total credits for all Rating Plans combined, not including the Leave of Absence Rating Plan, may not exceed 60%.

2. Recent Graduate Rating Plan:

First year dentist
Second year dentist
Third year dentist

Credit

60% credit
40% credit
20% credit

The first year begins on the date the dentist receives the first state or regional board certification.

3. Part-time Rating Plan:

To qualify for a part-time credit of 50%, the dentist must work no more than 20 hours per week.

4. Leave of Absence Rating Plan:

Apply 75% credit to that portion of the premium that is charged for the period of the leave of absence. To qualify for this credit, the dentist must be disabled or on a leave of absence for a period of not less than 45 days but no more than 180 days.

5. Association Rating Plan:

- Member of a local, state, or national dental association
- Member of the Chicago Dental Society

5% credit
5% credit

6. Practice Rating Plan:

- Endodontic work by any classification other than Endodontic specialist:

- Treatment of single-rooted teeth 10% debit
- Treatment of multi-rooted teeth 25% debit

If both, only apply the debit associated with Treatment of multi-rooted teeth.

- Extraction of:

- Erupted third molars 15% debit
- Impacted third molars - soft tissue or partial bony only 25% debit

If both, only apply the debit associated with Impacted third molars - soft tissue or partial bony only.

These debits do not apply to Class 2B dentists.

- If not doing oral cancer examinations:

15% debit

7. Experience Rating Plan:

The experience period is the three years immediately preceding the effective date of the current policy period, and three years since the insured has had an experience debit.

a. Experience Credit:

The dentist must be insured with The Cincinnati Insurance Companies entirely during the experience period:

0 losses

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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NOV 15 2008

DIVISION 7

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

4. DENTIST'S PROFESSIONAL LIABILITY (Subline Code 230) (Cont'd)

b. Experience Debits:

1 loss	15% debit
2 losses	50% debit
3 losses	100% debit

A loss is a paid or reserved claim (expenses are not included as a paid loss).

Any insured who qualifies for an experience debit may also be declined or non-renewed.

8. Expense Considerations

The experience and practice rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit, shall be increased, or if a debit, shall be decreased by the amount of the reduction in expenses.

5. BLOOD BANK PROFESSIONAL LIABILITY (Subline Code 220)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a blood bank.

B. Forms

PA 114 - Hospital Professional Liability Coverage Form

PA 514 - Hospital Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are each donation.

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
Blood Bank (Each Donation)	80992	\$.29

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

6. CHIROPODIST / PODIATRIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a chiroprapist or podiatrist.

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Part Declarations

C. Application

LC-1070 - Professional Liability Application (Podiatrists)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are each chiroprapist and podiatrist.

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
Chiroprapist / Podiatrist - NOC	80993	\$3,093.00
Chiroprapist / Podiatrist in Active United States Military Service	80935	\$ 138.00
Chiroprapist / Podiatrist employed full time by the Federal Government	80936	\$ 208.00

3. Additional Charges

- a. Vicarious Liability / Chiroprapist / Podiatrist 80943 \$1,288.00

This charge applies to those chiroprapists / podiatrists not insured under the named insured's policy (that is, having their professional liability coverage with another carrier or under a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80993, 80935 or 80936 and obtain application **LC-1070** for that individual.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

6. CHIROPODIST / PODIATRIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

b. Partnership, association or corporation charge - Code 80950

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge of \$1,029.00 for the exposure of the partnership, association or corporate entity. This charge is in addition to the charge made for codes 80993/80935/80936/80943.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in 2. above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. Professional Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

F. Refer to Home Office:

D.P.M.'s that:

1. Perform surgery (removal of warts, corns, ingrown toenails and bunions are not considered surgery);
2. Use general anesthesia; or
3. Perform treatment for anything other than minor foot ailments.

7. CHIROPRACTOR PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a chiropractor.

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each chiropractor.

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

7. CHIROPRACTOR PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

Classification	Code	Rate
Chiropractor	80410	\$1,451.00
3. Additional Charges		
a. Vicarious Liability / Chiropractor	80411	\$363.00

This charge applies to those chiropractors not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80410 and obtain an application for that individual.

b. Partnership, association or corporation charge - Code 80412

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge of \$290.00 for the exposure of the partnership, association or corporate entity. This charge is in addition to the charge made for codes 80410/80411.

For example: Named Insured of Joe Smith and Smith Professional, Inc.

Charge full rate for code in 2. above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. Professional Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

8. MEDICAL OR X-RAY LABORATORY PROFESSIONAL LIABILITY (Subline Code 220)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional health care services as a medical or X-ray laboratory.

B. Forms

PA 114 - Hospital Professional Liability Coverage Form

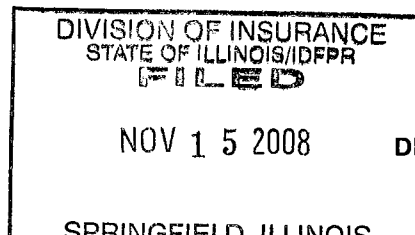
PA 514 - Hospital Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

1. Premium Basis. The basis used is per \$1,000 of receipts.



THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

8. MEDICAL OR X-RAY LABORATORY PROFESSIONAL LIABILITY (Subline Code 220) (Cont'd)

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
Medical or X-ray Laboratories	80715	\$4.65 per \$1,000 of receipts

E. This coverage is available to all medical or X-ray laboratories operated by:

1. Corporate interests; or
2. Persons who are not physicians.

This coverage is **not** available to the following types of laboratories:

1. Those operated at or away from hospitals by physician pathologists or physician radiologists;
2. Those operated by physicians or surgeons in connection with the treatment of their own patients; or
3. Those operated by osteopaths.

Classify and rate the above risks from Rule 2. Physicians and Surgeons Professional Liability.

9. OPTOMETRIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as an optometrist.

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Form Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each optometrist.

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

9. OPTOMETRIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

Classification	Code	Rate
Optometrist NOC	80994	\$145.00
Optometrist with Topical Ocular Pharmaceutical Agents Certificate (Diagnostic)	80946	\$169.00
Optometrist with Therapeutic Pharmaceutical Agents Certificate	80947	\$315.00
Optician - Refer to Rule 30.		

3. Additional Charges

- a. Vicarious Liability / Optometrist 80944 \$ 48.00

This charge applies to those optometrists not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80994, 80946 or 80947 and obtain application **CA-1038** for that individual.

- b. Partnership, association or corporation charge - Code 80956

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge for the exposure of the partnership, association or corporate entity as follows:

Optometrist NOC	\$19.00
Optometrist with Topical Ocular Pharmaceutical Agents Certificate (Diagnostic)	\$19.00
Optometrist with Therapeutic Pharmaceutical Agents Certificate	\$39.00

This charge is in addition to the charge made for codes 80994/80946/80947/80944.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in 2. above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. Professional Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a physiotherapist (physical therapist).

B. Forms

PA 106 - Professional Liability Coverage Form

PA 506 - Professional Liability Coverage Form Declarations

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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NOV 15 2008

**DIVISION SEVEN
COMMERCIAL LINES
PROFESSIONAL LIABILITY MANUAL
COVERAGE RULES**

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each physiotherapist

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
Each Physiotherapist NOC	80995	\$380.00
Each Employed Physiotherapist (named) including those who perform pathological or X-ray duties	80945	\$303.00
Each Physiotherapist in Active United States Military Service	80911	\$ 54.00
Each Physiotherapist employed full time by the Federal Government	80912	\$ 84.00

3. Additional Charges

a. Vicarious Liability / Physiotherapist	80938	\$ 73.00
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This charge applies to those physiotherapists not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 80995, 80945, 80911 or 80912 and obtain application **CA-1038** for that individual.

b. Partnership, association or corporation - Code 80955

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge of \$242.00 for the exposure of the partnership, association or corporate entity. This charge is in addition to the charge made for codes 80995/80945/80911/80912/80938.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in 2. above for individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

10. PHYSIOTHERAPIST PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

E. Professional Corporations

Use Endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

11. VETERINARIAN PROFESSIONAL LIABILITY (Subline Code 317)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a veterinarian.

B. Forms

PA 107 - Animal Services Professional Liability Coverage Form

PA 507 - Animal Services Professional Liability Coverage Form Declarations

PA 208 - State Board of Veterinary Medical Examiners (SBVME) Supplementary Payments Coverage. Coverage provides up to \$10,000 for each annual period for an insured who becomes the subject of a State Board of Veterinary Medical Examiners, or a similar state regulatory board, investigation. No premium charge.

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each veterinarian.

2. Rates

Rates for Basic Limits: \$100,000 Each Claim Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
Veterinarian (household pets only)	07225	\$170.00
Veterinarian (all other including household pets)	07226	\$195.00

3. Additional Charges

a. Vicarious Liability / Veterinarian 07221 \$ 55.00

This charge applies to those veterinarians not insured under the named insured's policy (that is, having their primary professional coverage with another carrier or on a separate policy with Cincinnati). If we are to provide coverage for that employee or independent contractor, charge the full primary rate for code 07225 or 07226 and obtain Application **CA-1038** for that individual.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

11. VETERINARIAN PROFESSIONAL LIABILITY (Subline Code 317) (Cont'd)

b. Partnership, association or corporation - Code 07222

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation, make an additional charge of \$49.00 for the exposure of the partnership, association or corporation entity. This charge is in addition to the charge made for codes 07225/07226/07221.

Example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes in 2. above for individual entity, Joe Smith in addition to the charge for exposure of corporate entity, Smith Professional, Inc.

E. Deductible

The rates contemplate no deductible. For the following optional deductible, multiply the basic rates shown in D. by deductible rate factor:

Deductible Amount
\$25

Deductible Rate Factor
.95

12. - 19. RESERVED FOR FUTURE USE

20. ANIMAL GROOMING PROFESSIONAL LIABILITY (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as an animal groomer.

B. Forms

PA 107 - Animal Services Professional Liability Coverage Form

PA 507 - Animal Services Professional Liability Coverage Form Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

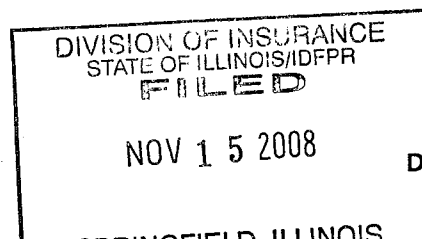
Rates and premium are based on each animal groomer.

2. Rates

Rates for Basic Limits: \$100,000 Each Claim Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
Each Animal Groomer	20040	\$61.00



THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

20. ANIMAL GROOMING PROFESSIONAL LIABILITY (Subline Code 398) (Cont'd)

3. Minimum annual premium is \$50 multiplied by any applicable increased limits factor. Except for expense modification, the minimum premium is not subject to any further modification or rate plan.

4. Additional charge - Partnership, association or corporation - Code 20041

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation, make an additional charge of 20% of the animal groomer professional premium for the exposure of the partnership, association or corporation entity. This charge is in addition to the charge made for code 20040.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for code in 2. above for individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. Deductible

The rates contemplate no deductible. For the following optional deductible, multiply the basic rate shown in D. by deductible rate factor:

Deductible Amount
\$25

Deductible Rate Factor
.95

21. CONDOMINIUM OR HOMEOWNERS ASSOCIATIONS WRONGFUL ACTS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against claims arising out of wrongful acts committed by the insured in the conduct of their management responsibilities for condominium or homeowners associations. Coverage is extended to wrongful act(s) committed prior to the effective date of coverage where the insured had no knowledge of a claim or suit as of the effective date of coverage and where no other applicable insurance exists.

B. Forms

PA 110 - Condominium or Homeowners Associations Wrongful Acts Coverage Form

PA 510 - Condominium or Homeowners Associations Wrongful Acts Coverage Part
Declarations

C. Application

MP-1056 - Condominium or Homeowners Associations Wrongful Acts Coverage
Questionnaire

D. Rate / Premium Determination

1. Premium Basis

Rates and premium are based on total number of units in each condominium association (class code 20150) or homeowner association (class code 20155).

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

21. CONDOMINIUM OR HOMEOWNERS ASSOCIATIONS WRONGFUL ACTS (Subline Code 398) (Cont'd)

2. Rates

Number of units	Limits of Insurance Each Claim Limit / Aggregate Limit			
	100/300	200/600	500/500	1M/1M
	Rate			
1 - 4	\$ 115	\$ 131	\$ 139	\$ 154
5 - 10	165	188	199	221
11 - 30	206	235	249	276
31 - 50	235	268	284	315
51 - 100	349	398	422	467
101 - 200	604	688	730	809
201 - 400	907	1,033	1,096	1,215
401 - 500	1,134	1,292	1,371	1,519
501 - 750+	2,013	2,293	2,433	2,695

For increased limits:

- Determine appropriate 1M/1M premium;
- Obtain the increased limits factor for the limit desired:

2M/2M	1.20
3M/3M	1.40
4M/4M	1.60
5M/5M	1.75
- Multiply the 1M/1M premium by the increased limits factor and round to the nearest whole dollar to arrive at the premium for the higher limit.

22. COSMETOLOGISTS AND BARBERS PROFESSIONAL LIABILITY (Subline Code 317)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a licensed cosmetologist or barber.

B. Forms

PA 108 - Cosmetologists and Barbers Professional Liability Coverage Form

PA 508 - Cosmetologists and Barbers Professional Liability Coverage Form
Declarations

C. Application

PA-003 - Cosmetologists and Barbers Professional Liability Supplemental Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each cosmetologist.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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NOV 15 2008

SPRINGFIELD ILLINOIS

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

22. COSMETOLOGISTS AND BARBERS PROFESSIONAL LIABILITY (Subline Code 317) (Cont'd)

2. Rates

Rates for Basic Limits: \$100,000 Each Professional Incident Limit
 \$300,000 Professional Liability Aggregate Limit

For increased limits, refer to Rule 52.

	Code	Cosmetologist	Code	Barber
Each Full-Time Person	72310	\$25.00	72410	\$12.50
Each Part-Time Person	22310	\$15.00	22410	\$ 7.50

A full-time cosmetologist or barber is a person who regularly works more than 20 hours in any one week.

A part-time cosmetologist or barber is a person who regularly works 20 hours or less in any one week.

3. Minimum annual premium is \$50 multiplied by any applicable increased limits factor. Except for expense modification, the minimum premium is not subject to any further modification or rate plan.

E. Optional Coverage

Electrolysis Coverage endorsement provides coverage for electrolysis at a basic limits rate of \$25.00 for each cosmetologist (full or part-time) providing this service. Attach form **PA 207**. (Class code 22998)

23. COSMETOLOGY OR BARBERING SCHOOL PROFESSIONAL LIABILITY (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services from the operation of a school of cosmetology and / or barbering.

B. Forms

PA 132 - Cosmetology or Barbering School Professional Liability Coverage Form

PA 529 - Cosmetology or Barbering School Professional Liability Coverage Form
Declarations

C. Application

PA-010 - Cosmetology or Barbering School Professional Liability Supplemental
Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each person actually engaged in instruction and the average daily attendance of students at all locations covered and shall include all individuals, officers, partners, directors, and other employees.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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NOV 15 2008

SPRINGFIELD, ILLINOIS

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

23. COSMETOLOGY OR BARBERING SCHOOL PROFESSIONAL LIABILITY (Subline Code 398) (Cont'd)

2. Rates

Rates for Basic Limits: \$100,000 Each Professional Incident Limit
 \$300,000 Professional Liability Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Instructor	Code	Student
Barber College (only)	29859	\$25.00	29857	\$13.00
Cosmetology School	29856	\$25.00	29858	\$12.50

3. Minimum annual premium is \$50 multiplied by any applicable increased limits factor. Except for expense modification, the minimum premium is not subject to any further modification or rate plan.

E. Optional Coverage - Electrolysis Coverage

Electrolysis Coverage endorsement provides coverage for electrolysis at a basic limits rate of \$25.00 for each instructor and student providing this service. Attach form **PA 207**. (Class code 22998)

24. CEMETERY PROFESSIONAL LIABILITY (Subline Code 398)

A. Description of Coverage

This coverage form extends the Commercial General Liability Coverage Part to provide:

1. Mental anguish (limit provided is same as General Liability Each Occurrence Limit);
2. Property damage liability for property of others in the care, custody or control of the insured (limit provided is \$50,000); and
3. Burial lot liability (limit provided is \$50,000).

B. Forms

PA 109 - Cemetery Liability is attached to the Commercial General Liability Coverage Part to provide this coverage.

C. Application

ACORD Commercial General Liability Section. Include number of graves (already buried and to be buried).

D. Rates / Premium Determination

1. Premium Basis. The basis used is per burial plot.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

24. CEMETERY PROFESSIONAL LIABILITY (Subline Code 398) (Cont'd)

2. Rates - Class Code 25080

Rates for Basic Limits: *\$100,000 Each Occurrence Limit (Limit must be same as General Liability Each Occurrence)

 *\$300,000 Aggregate Limit (Limit must be same as General Liability Products / Completed Operations Aggregate)

 \$50,000 Each Occurrence Damage to Property of Others

 \$50,000 Each Occurrence Burial Lot Liability

*For increased limits, refer to Rule 52.

Classification	Rate
Already Buried	.006 per grave first 5,000 graves .002 per grave over 5,000 graves
To Be Buried	.006 per burial first 100 in current year .480 per burial over 100 in current year

25. COUNTY RECORDER AND / OR COUNTY CLERK'S ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a county recorder and / or county clerk.

B. Forms

PA 111 - County Recorder and / or County Clerk's Errors and Omissions Insurance Coverage Form

PA 515 - Errors and Omissions Insurance Coverage Part Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

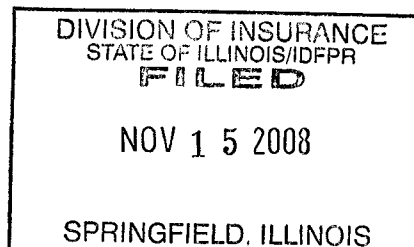
1. Premium Basis. Rates and premium are based on each county recorder and / or county clerk.

2. Rates

Rates for Basic Limits: \$100,000 Each Claim Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
County Recorder and / or County Clerk	25000	\$147.00 plus \$21.00 for each person on the staff



THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

26. EMERGENCY MEDICAL TECHNICIAN PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form extends the Commercial General Liability Coverage Part to provide protection against liability claims arising from the rendering or failure to render professional services as a certified or registered emergency medical technician.

B. Forms

PA 113 - Emergency Medical Technician Professional Liability Coverage Form

PA 513 - Emergency Medical Technician Professional Liability Coverage Part
Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis. The rates and premium are based on each EMT.

2. Classifications

- a. EMT means any person who has successfully completed a basic Emergency Medical Technician course as approved by the United States Department of Transportation and / or the Interagency Committee on Emergency Services of the Federal Government.
- b. EMT-D means any person who has successfully completed a basic Emergency Medical Technician course as described in a. above and has also obtained the additional certification for use of a defibrillator.
- c. EMT - Advanced means any person who has successfully completed an Emergency Medical Technician course in addition to courses in advanced life support which are equivalent to the modules contained in the National EMT Paramedic Course as approved by the Interagency Committee on Emergency Medical Services.
- d. EMT - Paramedic means any person who has successfully completed an Emergency Medical Technician course in addition to completing an advanced life support course equivalent to the 15 modules of the National EMT Paramedic Course.

3. Rates

Rates for Basic Limits: \$100,000 Each Claim Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

26. EMERGENCY MEDICAL TECHNICIAN PROFESSIONAL LIABILITY (Subline Code 240) (Cont'd)

Classification	Code	Rate
EMT	30010	\$56.00
EMT-D	30011	56.00
EMT - Advanced	30012	66.00
EMT - Paramedic	30013	75.00

27. FUNERAL SERVICE PROVIDER PROFESSIONAL LIABILITY (Subline Code 317)

A. Description of Coverage

This coverage form extends the Commercial General Liability Coverage Part to provide protection against liability claims arising from the rendering or failure to render services as a mortician, funeral director or embalmer. The coverage provided is as follows:

1. Mental anguish as a result of a professional incident (limit provided is same as General Liability Each Occurrence Limit);
2. Property damage to deceased human bodies, personal effects thereof, or any casket while in the care, custody or control of the insured.

B. Forms

PA 121 - Funeral Service Provider Professional Liability is attached to the Commercial General Liability Coverage Part to provide this coverage.

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

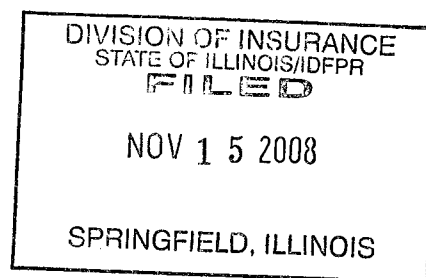
1. Premium Basis. Rates and premium are based on number of funerals handled annually.
2. Rates - Class Code 72610

Rates for Basic Limits: \$100,000 Each Occurrence Limit
 \$300,000 Products-Completed Operations and
 Professional Liability Aggregate Limit

For increased limits, refer to Rule 52.

Number of Funerals	Rate
1 - 50	\$70.00
51 - 100	78.00
101 - 200	89.00
over 200	97.00

The rates above include coverage for General Liability. Do not make a separate premium charge for the General Liability Coverage Part.



THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

28. INSURANCE AGENTS ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as an insurance agent.

B. Forms

PA 115 - Insurance Agents Errors and Omissions Insurance Coverage Form

PA 515 - Errors and Omissions Insurance Coverage Part Declarations

C. Application

MP-1010 - Insurance Agents' and Brokers' Errors and Omissions Policy Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on the total annual premium volume for all lines of insurance, except Life, Accident and Health, which is based on Commission Income.

2. Rates - Class Code 25060

Rates for Basic Limits: \$100,000 Each Claim Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

\$2.30 per \$1,000 on first \$750,000 of annual premium volume / commission income

\$2.10 per \$1,000 on next \$750,000

\$1.97 per \$1,000 on next \$1,000,000

\$1.84 per \$1,000 on excess of \$2,500,000

3. Adjustment Factors

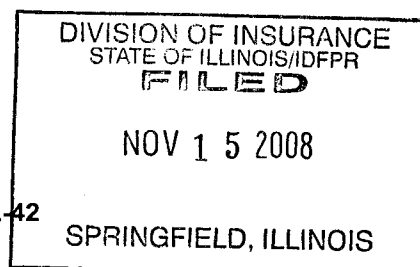
The following adjustment factors may be multiplied by the basic rates:

a. Personal Lines premium volume represents 50% - 60% of the total premium volume: .95

b. Personal Lines premium volume represents over 60% of the total premium volume: .90

4. Additional Charge of \$55.00 at basic limits for each licensed CSR, solicitor or broker.

5. Minimum annual premium is \$500 multiplied by the applicable increased limits factor and except for expense modification, is not subject to any further modification or rate plan.



THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

28. INSURANCE AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

E. Deductible

Minimum deductible is \$5,000 per claim

For the following optional deductibles, multiply the basic rates shown in D. by the deductible rate factor:

Deductible Amount	Deductible Rate Factor
\$ 7,500	.90
10,000	.85
15,000	.80
20,000	.75
25,000	.70

F. **Notary Public Errors and Omissions.** Coverage may be extended to afford protection for loss arising out of errors and omissions of a duly licensed Notary Public. The premium charge is \$30.00 per person at basic limits. (Class code 25065)

G. **Coverage for Sale of Securities, Mutual Funds and Financial Planning Services.** Coverage may be extended for loss arising out of errors and omissions for sale of Securities, Mutual Funds or Financial Planning Services. Attach form **PA 423**. The premium charge is \$83.00 per licensed representative at basic limits. (Class code 23125)

H. Rate Modification Plan

1. General Rules

- All rating plans apply for a period of one year and will be recalculated at each anniversary or renewal.
- The credits or debits provided by these plans shall be taken one after the other and not added together.

2. Experience Rating Plan

The experience period is the three years immediately preceding the effective date of the current policy period.

a. Experience Credits:

No chargeable losses in the previous 3 years	5% credit
No chargeable losses in the previous 5 years	10% credit

b. Experience Debits:

One chargeable loss within the previous 3 years	20% debit
Two chargeable losses within the previous 3 years	25% debit

A chargeable loss is defined as a paid loss (expenses are not included as a paid loss) or a reserve for a claim which the underwriter deems there was probable negligence involved and a loss payment is likely.

Any insured who qualifies for an experience debit may also be declined or non-renewed.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

28. INSURANCE AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

3. Schedule Rating Plan

The premium determined after applying the Experience Rating Plan may, if applicable, be modified to reflect individual characteristics of the risk. For factors peculiar to the risk under consideration, which shall include but not be limited to internal controls, management or degree of agency automation, schedule rating credits or debits may be applied up to 40%. If credits or debits from more than one risk characteristic apply, the credits or debits shall be added together, not multiplied.

4. Expense Considerations

The experience and schedule rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit shall be increased, or if a debit shall be decreased, by the amount of the reduction in expenses.

29. LAWYER'S PROFESSIONAL LIABILITY (Subline Code 317)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional legal services.

B. Forms

PA 105 - Lawyer's Professional Liability Coverage Form

PA 505 - Lawyer's Professional Liability Coverage Part Declarations

C. Application

Refer to Home Office.

D. Rates / Premium Determination

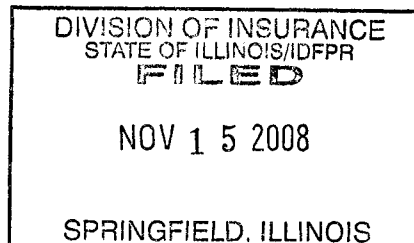
1. Premium Basis

Rates and premium are based on each lawyer, law clerk, investigator, abstracter and paralegal.

2. Rates

Rates for Basic Limits: \$100,000 Each Claim Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.



THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

29. LAWYER'S PROFESSIONAL LIABILITY (Subline Code 317) (Cont'd)

Classification	Code	Rate
All Lawyers	81400	\$2,700.00
Law Clerks, Abstracters, Investigators and Paralegals	81420	\$ 1,080.00

3. Minimum annual premium is \$250 multiplied by the applicable increased limits factor and except for expense modification, is not subject to any further modification or rate plan.

E. Deductible

Minimum deductible is \$2,500

For the following optional deductibles, multiply the basic rate shown in D. by the deductible rate factor:

Deductible Amount	Deductible Rate Factor
\$ 5,000	.95
10,000	.90
15,000	.85
20,000	.80
25,000	.75

30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional health care services.

B. Forms

PA 101 - Nurse's Professional Liability Coverage Form (used to provide coverage on a monoline basis)

PA 102 - Nurse's Professional Liability Policy (Declarations Page)

PA 122 - Nurse's Professional Liability Coverage Form (used to provide coverage when attached to a policy with other property and casualty coverages)

PA 522 - Nurse's Professional Liability Coverage Part Declarations

PA 106 - Professional Liability Coverage Form (used to provide coverage for all professions other than nurses)

PA 506 - Professional Liability Coverage Declarations

C. Applications

PP-001 - Nurse's Professional Liability Application for nurses

CA-1038 - Professional Liability Application (Miscellaneous Professional) for all other professions

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

D. Rates / Premium Determination

1. Premium Basis. Rate and premium are based on each individual professional.

2. Rates

Rates for Basic Limits: \$100,000 Each Medical Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

The following professions, when written monoline, shall be on a 3 year prepaid term.

Classification	Subline / Code	Annual	3 year prepaid
Hygienist / Dental Assistant	240/81910	\$ 71.00	\$ 178.00
Nurse - LPN	240/80963	\$ 66.00	\$ 165.00
Nurse - RN	240/80964	\$ 66.00	\$ 165.00
Nurse - Obstetrics (labor & delivery)	240/30014	\$ 299.00	\$748.00
Nurse - Student	398/28000	\$ 25.00	\$ 63.00
Dietician	240/30015	\$ 66.00	\$ 165.00
Optician *	240/80937	\$ 101.00	\$ 253.00
Pharmacist *	240/59112	\$ 75.00	\$ 188.00
Hearing Aid Service Fitter *	220/59981	\$ 37.00	\$ 93.00
Medical Lab Technician (this classification is used when providing individual liability only)	240/80711	\$ 24.00	\$ 60.00
X-ray Technician (this classification is used when providing individual liability only)	240/80713	\$ 50.00	\$ 125.00
X-ray Technician with X-ray therapy	240/80714	\$ 39.00	\$ 98.00
Medical Technologist / Occupational Therapist / Respiratory Therapist	240/30016	\$ 66.00	\$ 165.00

* Professional coverage is provided through the Commercial General Liability Coverage Part when form **CG 2265** or **CG 2269** is used with the appropriate General Liability code (Optical Goods Stores 15839, Drugstores 12375 or Hearing Aid Stores 13759). If using the above General Liability codes, do not charge separately for professional liability coverage.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

30. MISCELLANEOUS HEALTH CARE PROFESSIONAL LIABILITY (Cont'd)

3. Additional Charge - Partnership, association or corporation - (Subline 240) (Class Code 30017)

If the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge of 20% of the professional premium for the exposure of the partnership, association or corporate entity. This charge is in addition to the charge made for above codes.

For example: Named insured of Joe Smith and Smith Professional, Inc.

Charge full rate for codes listed in 2. above for individual entity, Joe Smith in addition to the charge for exposure of corporate entity, Smith Professional, Inc.

E. Professional Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

F. The following classifications are ineligible:

1. Nurse Practitioners;
2. Nurse Anesthetists;
3. Nurse Midwives; and
4. Legal Nurse Consultants.

31. CLERGY / COUNSELORS PROFESSIONAL LIABILITY (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish counseling services as an ordained minister, certified counselor, or trained lay advisor. Injury arising out of furnishing or failing to furnish advice to another person in exchange for the payment of a counseling fee is excluded.

B. Forms

PA 116 - Clergy / Counseling Professional Liability Coverage Form

PA 516 - Clergy / Counseling Professional Liability Coverage Part Declarations

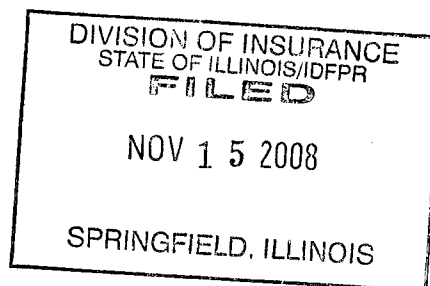
C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

Rates are based on each clergy member, certified counselor, or trained lay advisor.



THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

31. CLERGY / COUNSELORS PROFESSIONAL LIABILITY (Subline Code 398) (Cont'd)

2. Rates

Rates for Basic Limits: \$100,000 Each Claim Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
Each clergy member, certified counselor, or trained lay advisor	20190	\$40.00

3. Minimum annual premium is \$50 multiplied by any applicable increased limits factor. Except for expense modification, the minimum premium is not subject to any further modification or rate plan.

32. PEDORTHISTS PROFESSIONAL LIABILITY (Subline Code 240)

A. Description of Coverage

This coverage form extends the Commercial General Liability Coverage Part to provide protection against liability claims arising from the rendering or failure to render professional services as a pedorthist (customized footwear).

B. Forms

PA 120 - Pedorthists Professional Liability is attached to the Commercial General Liability Coverage Part to provide this coverage.

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis. Rates and premium are based on each store.

2. Rates

Rates for Basic Limits: \$100,000 Each Occurrence Limit
 \$300,000 Professional Liability Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate
Retail Shoe Store - no prescription work	80983	\$62.00
Retail Shoe Store - with prescription work	81983	93.00

33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish printing services.

B. Forms

PA 117 - Printers Errors and Omissions Insurance Coverage Form

PA 515 - Errors and Omissions Insurance Coverage Part Declarations

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

C. Application

IW-001 - Printer's Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based upon the total annual gross receipts from printing operations.

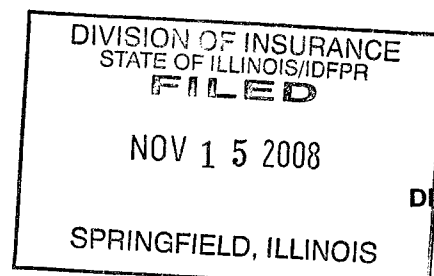
2. Classifications

a. Low Hazard (\$500 minimum deductible)

Bulletins / Newsletters	Matchbooks
Bronzing	Napkins
Color separation	Photoengraving
Envelopes	Presentation folders
Folding boxes (no mfg.)	Non-promotional material
Invitations	Stationery

b. Average Hazard (\$500 minimum deductible)

Bank checks	Foil stamping
Blueprints	Greeting cards
Booklets	Lighters - specialty items
Book printing	Menus
Brochures	Mugs - specialty items
Business reply cards	Newspapers - Pennysave type only
Business forms	Packaging (no mfg.)
Data sheets	Photo Duplicating
Die cutting	Platemaking
Embossing	Press kits
Engraving	Programs
Equipment list	Publication inserts
Film processing	Reprographics
Finishing Services (incl. binding)	T-Shirts
	Wallpaper



THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

c. High Hazard (\$1,000 minimum deductible)

Advertising	Graphic Design
Annual reports	Labels - stickers, wrapping tags
Book Binding	Manuals
Catalogs	Mailings
Computer forms	Optical character recognition (OCR)
Coupons	Posters
Design / typography	Signs
Direct Mailings	Trade show material
Financial	Typesetting
Forms & documents	Universal products code (UPC)

Ineligible E & O classes:

Games of Chance
Magazine publishing
Newspaper (excluding weekly advertisers), book or magazine printing
Printing Brokers
Printing of stamps (postage or trading)
Printing of controversial material
Printing of currency, securities, travelers checks or money orders
Telephone directories
Ticket printing, such as but not limited to, raffle, lottery, sports or concert tickets
Web site design or development

3. Rates

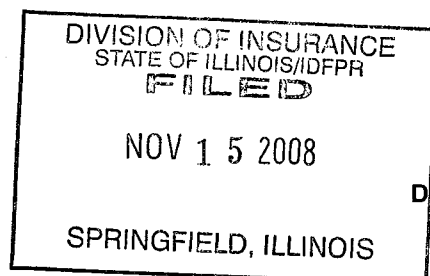
Rates for Basic Limits: \$100,000 Each Claim Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

Classification	Code	Rate per \$1,000 of receipts
Low Hazard	25051	.07
Average Hazard	25052	.10
High Hazard	25053	.25

E. Deductible

1. The minimum deductible is \$500 per claim for low and average hazard classes and \$1,000 per claim for high hazard classes.
2. If Correction of Work Coverage applies, minimum deductibles are higher. See paragraph F. below. The E&O deductible must be written at the Correction of Work deductible.
3. For the following optional deductibles, multiply the rates shown in paragraph D. by the following factors:



THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

Deductible	E&O Hazard Class		
	Low	Average	High
\$ 750	.97	.95	not available
1,000	.94	.90	1.00
2,500	.90	.85	.80
5,000	.85	.80	.75
10,000	.80	.75	.70

F. Correction of Work Coverage - Code 25054

1. This endorsement extends the Printers Errors and Omissions Form **PA 117** to provide coverage for correction of the insured's work that has already been distributed. Coverage is still on a legally obligated to pay basis, and includes the insured's costs to:
 - a. Recover the incorrect material;
 - b. Print corrected material;
 - c. Package and re-mail the corrected material.
2. This coverage does not apply to correcting mistakes **before the work has been mailed**.
3. Use endorsement **PA 499**.
4. **Correction of Work Minimum Deductible**
 - a. \$1,000 minimum deductible for Low or Average hazard classes.
 - b. \$2,500 minimum deductible for High hazard class.
 - c. The Printers E&O deductible must be the same as the Correction of Work deductible.
5. **Correction of Work Minimum Premium**
 - a. For the Printers Package Program, minimum premiums for Correction of Work coverage are:
 - (1) \$150 for Low or Average hazard classes
 - (2) \$250 for High hazard class
 - b. For other printing risks, minimum premiums for Correction of Work coverage are:
 - (1) \$225 for Low or Average hazard classes
 - (2) \$350 for High hazard class
 - c. The Correction of Work minimum premium is in addition to the Division Minimum Premium.

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

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SPRINGFIELD, ILLINOIS

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

33. PRINTERS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

6. Sublimit of Insurance

Correction of Work Coverage is available at limits of \$100,000 per claim/\$100,000 aggregate and \$300,000 per claim/\$300,000 aggregate. The \$300,000/\$300,000 limit is only available if the per claim limit for the Printers E&O is at least \$300,000.

7. Premium Determination

- a. Base rates (per \$1,000 sales) for Correction of Work coverage:

Hazard	Correction of Work Rate	
	100/100	300/300*
Low (Code 25047)	.08	.28
Average (Code 25048)	.11	.40
High (Code 25049)	.28	.65

* Only available if Printers E&O per claim limit is at least \$300,000.

- b. Multiply base rate by the deductible factors in paragraph E. of this rule.
- c. Result of a. x b. is the Correction of Work rate.
- d. Multiply c. by the amount of sales (per \$1,000) that was used to determine the E&O premium. This is the Correction of Work premium.
- e. The Correction of Work premium is in addition to the Printers E&O premium. Except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

34. REAL ESTATE AGENTS' ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish real estate professional services.

B. Forms

PA 118 - Real Estate Agents' Errors and Omissions Insurance Coverage Form

PA 515 - Errors and Omissions Insurance Coverage Part Declarations

C. Application

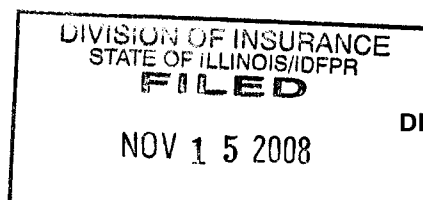
MP-1007 - Real Estate Errors and Omissions Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based upon the **gross income** of the insured. Gross Income is the total amount of money charged by the insured for real estate agency services.

2. Rates - Class Code 25070



THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

34. REAL ESTATE AGENTS' ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

Rates for Basic Limits: \$100,000 Each Claim Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

\$2.10 per \$100 on first \$25,000 of gross income

\$1.05 per \$100 on **next** \$50,000 of gross income

\$.53 per \$100 on **next** \$75,000 of gross income

\$.26 per \$100 on excess of \$150,000 gross income

3. Additional charge of \$66.00 at basic limits per sales person under named insured's real estate broker's license.

E. Deductible

Minimum deductible is \$2,500.

For the following optional deductibles, multiply the basic rates shown in paragraph D. by the deductible rate factor:

Deductible Amount	Deductible Rate Factor
\$ 5,000	.95
7,500	.90
10,000	.85
15,000	.80
20,000	.75
25,000	.70

- F. **Notary Public Errors and Omissions.** Coverage may be extended to afford protection for loss arising out of errors and omissions of a duly licensed Notary Public. The premium charge is \$45.00 per person for basic limits. (Class code 25075)
- G. **Lead Liability Exclusion.** This endorsement excludes all liability coverage arising out of the exposure to or presence of lead in any form. Attach **PA 301 - Exclusion - Lead Liability.**
- H. **Fungi or Bacteria Exclusion.** This endorsement excludes all liability arising out of fungi or bacteria. You may attach **PA 310, Fungi or Bacteria Exclusion.**

35. RELIGIOUS INSTITUTIONS WRONGFUL ACTS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against claims arising out of wrongful acts committed by the directors and officers, as well as specified trustees and members, in the performance of their duties of the management responsibilities of a religious institution. Coverage is extended to wrongful act(s) committed prior to the effective date of coverage where the insured had no knowledge of a claim or suit as of the effective date of coverage and where no other applicable insurance exists.

B. Forms

PA 112 - Religious Institution Wrongful Acts Coverage Form

PA 527 - Religious Institution Wrongful Acts Coverage Part Declarations

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

35. RELIGIOUS INSTITUTIONS WRONGFUL ACTS (Subline Code 398) (Cont'd)

C. Application

PA-016 - Religious Institutions Wrongful Acts Questionnaire

D. Rates / Premium Determination

1. Premium Basis

Premium basis is each institution

2. Rates - Class Code 20090

Limits of Insurance Each Claim Limit / Aggregate Limit	Rate
\$ 100,000/\$100,000	\$ 60.00
100,000/300,000	75.00
300,000/300,000	89.00
500,000/500,000	107.00
1,000,000/1,000,000	139.00
2,000,000/2,000,000	179.00
3,000,000/3,000,000	209.00
4,000,000/4,000,000	234.00
5,000,000/5,000,000	254.00

36. SOCIAL SERVICES PROFESSIONAL LIABILITY

A. Description of Coverage

This coverage provides protection against liability claims arising from the furnishing or failure to furnish professional services as a social service agency.

B. Forms

PA 123 - Miscellaneous Professional Liability Coverage Form

PA 523 - Miscellaneous Professional Liability Coverage Part Declarations

C. Application

CA-1038 - Professional Liability Application (Miscellaneous Professional)

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each professional individual.

2. Rates

Rates for Basic Limits: \$100,000 Each Claim Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Cont'd)

Classification	Subline / Code	Rate
Psychiatrist	Refer to Rule 2. Physicians and Surgeons Professional Liability	
Psychologist	398/20011	\$ 127.00
APA Psychologist (American Psychiatric Assoc. or Psychological Assoc.)	398/20012	\$ 94.00
ACSW (Academy of Certified Social Workers)	398/20013	\$ 54.00
MSW (Masters in Social Work)	398/20014	\$ 62.00
Other Professional, defined as:	317/80110	\$ 109.00

- a. BS in Social Work;
- b. SW - Social Worker; or
- c. Masters in Psychology;
- d. Licensed marriage counselor or family counselor;
- e. Masters or PHD (Doctoral Degree) in closely related mental health fields;
- f. CW - Case Worker.

3. Additional Charge - Partnership, association or corporation - (Subline 398) (Class Code 20017)

When the named insured consists of an individual(s) entity **and** a partnership, association or corporation (except a professional corporation), make an additional charge of 20% of the social service professional premium for the exposure of the partnership, association or corporate entity. This charge is in addition to the charge made for codes 20011/20012/20013/20014/80110.

Example: Named Insured of Joe Smith and Smith Professional, Inc.

Charge full rate in 2. above for exposure of individual entity, Joe Smith in addition to this charge for exposure of corporate entity, Smith Professional, Inc.

E. Professional Corporations

Use endorsement **PA 495** for professional corporations (PC's) consisting of a single individual. This endorsement states that the Aggregate Limit is shared between the individual and the PC.

F. Refer the following (a) rated classes to the Home Office prior to binding:

1. Adoption or child placement (Subline 398) (Code 20015); and
2. Residential child care (Subline 398) (Code 20016).

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

36. SOCIAL SERVICES PROFESSIONAL LIABILITY (Cont'd)

G. The following operations are ineligible:

1. Alcohol or drug rehabilitation;
2. Sex counseling;
3. Abortion or birth counseling; and
4. Criminal rehabilitation or probation activities.

37. TEACHER'S PROFESSIONAL LIABILITY (Subline Code 317)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a teacher.

B. Forms

PA 119 - Teacher's Professional Liability Coverage Form

PA 519 - Teacher's Professional Liability Coverage Part Declarations

C. Application

IA-005 - Teacher's Professional Liability Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on each teacher.

2. Rates

Rates for Basic Limits: \$100,000 Each Claim Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

All monoline Teacher's Professional Liability shall be written on a 3 year pre-paid term.

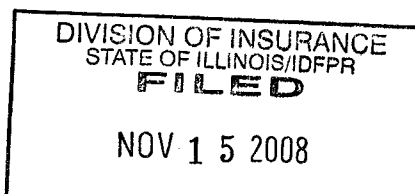
Classification	Code	Annual	3 year Pre-paid
Each Teacher	72998	\$20.00	\$50.00

3. Minimum annual premium (and minimum 3 year pre-paid premium) is \$50 multiplied by any applicable increased limits factor. Except for expense modification, the minimum premium is not subject to any further modification or rate plan.

38. TRAVEL AGENTS ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as a travel agency. Coverage is extended to acts, errors or omissions committed prior to the effective date of coverage if claim or "suit" is brought during the policy period and the insured had no knowledge of the claim or "suit" as of the effective date of coverage.



THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

38. TRAVEL AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

B. Forms

PA 104 - Travel Agents Errors and Omissions Coverage Form

PA 504 - Travel Agents Errors and Omissions Coverage Part Declarations

C. Application

PA-009 - Travel Agents Errors and Omissions Application

D. Rates / Premium Determination

1. Premium Basis. The basis used is per \$100 of total gross receipts.

2. Rates - Class Code 25010

Rates for Basic Limits: \$100,000 Each Occurrence Limit for Errors and Omissions
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

The rates below are the basic annual rates for Errors and Omissions coverage only. The General Liability portion is rated in accordance with Division Six - General Liability.

Gross Receipts	Rate	
100,000 - 200,000	\$208.00	
200,001 - 300,000	251.00	
300,001 - 400,000	294.00	
400,001 - 500,000	336.00	
500,001 - 600,000	378.00	
600,001 - 700,000	420.00	
700,001 - 800,000	462.00	
800,001 - 900,000	504.00	
900,001 - 1,000,000	545.00	
over 1,000,000	545.00	plus \$42.00 per \$100,000 of receipts in excess of \$1,000,000.

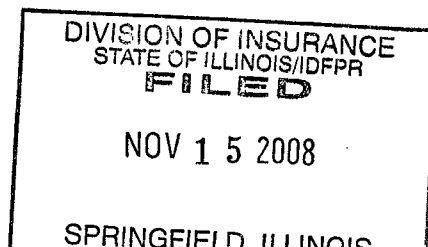
Note: The gross receipts shall be at least equal to \$100,000 times the number of employees.

3. Minimum premium is \$300 multiplied by the applicable increased limits factor and except for expense modification, is not subject to any further modification or rate plan.

E. Deductible

Minimum deductible is \$250.

For the following optional deductibles, multiply the basic rates shown in D. by deductible rate factor:



THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

38. TRAVEL AGENTS ERRORS AND OMISSIONS (Subline Code 398) (Cont'd)

Deductible Amount	Deductible Rate Factor
\$ 500	.90
1,000	.85
2,500	.80
5,000	.65
10,000	.50
25,000	.35

F. Refer to the Home Office any travel agencies that conduct or organize tours.

39. - 49. RESERVED FOR FUTURE USE

50. PRIOR ACTS OR OMISSIONS EXTENSION OF COVERAGE (Subline Code 398)

A. Dentist's Professional Liability (Class Code 26050)

1. Description of Coverage

This endorsement to the Dentist's Professional Liability Occurrence Form provides protection against liability claims arising from the furnishing or failure to furnish professional services on or after the retroactive date and prior to the effective date. This form may be necessary when the insured was previously covered by a claims-made professional form and an adequate Extended Reporting Period was not secured.

2. Forms

PA 421 - Dentist's Professional Prior Acts or Omissions Extension

3. Application

PA-007 - Dentist's Professional Liability Application

4. Rates / Premium Determination

a. Premium Basis

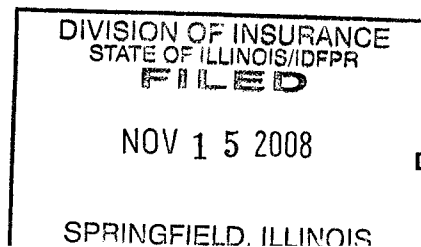
Rates and premium are based on the number of consecutive years in a claims-made professional form.

b. Rates

Rates for Basic Limits: \$100,000 Each Dental Incident Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

The following factors are applied to the gross CIC occurrence premium, and except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.



THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

50. PRIOR ACTS OR OMISSIONS EXTENSION OF COVERAGE (Subline Code 398) (Cont'd)

Number of Consecutive Years under Claims-Made Coverage	Prior Acts Coverage Factor
1	.13
2	.24
3	.32
4	.35
5 or more	.37

This is a one time charge and premium is fully earned.

B. Other than Dentist's Professional Liability (Class Code 26112)

1. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services on or after the retroactive date and prior to the effective date. This form may be necessary when the insured was previously covered by a claims-made professional form and an adequate Extended Reporting Period was not secured.

2. Forms

PA 444 - Prior Acts or Omissions - Errors & Omissions or Professional

3. Application

PA-008 - Prior Acts or Omissions Application - Directors & Officers, Errors & Omissions or Professional

4. Rates / Premium Determination

a. Premium Basis

Rates and premium are based on the number of consecutive years in a claims-made professional form.

b. Rates

Rates for Basic Limits: \$100,000 Limit
\$300,000 Aggregate Limit

For increased limits, refer to Rule 52. Use increased limits chart according to insured's profession.

The following factors are applied to the gross CIC occurrence premium, and except for expense modification, the premium for this coverage is not subject to any further modification or rate plan.

Number of Consecutive Years under Claims-Made Coverage	Prior Acts Coverage Factor
1	.26
2	.48
3	.63
4	.70
5 or more	.74

This is a one time charge and premium is fully earned.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

51. EXPENSE, EXPERIENCE AND SCHEDULE RATING PLAN

Other than Dentist's Professional Liability / Insurance Agents Errors and Omissions

A. General Rules

1. Any risk that develops an annual basic limits premium of \$100 or more for the rated exposures may be eligible for the application of experience or schedule rating.
2. All rating plans apply for a period of one year and will be recalculated at each anniversary or renewal.
3. The credits or debits provided by these plans shall be taken one after the other and not added together.
4. This rating plan applies to all classes in Division Seven - Professional Liability, other than Dentist's Professional Liability and Insurance Agents Errors and Omissions. (Refer to their individual rules for rating plans.)

B. Experience Rating Plan

The experience period is the three years immediately preceding the effective date of the current policy period.

Experience Debit

One chargeable loss within the previous 3 years	30% debit
Two chargeable losses within the previous 3 years	50% debit

A chargeable loss is defined as a paid loss (expenses are not included as a paid loss) or a reserve for a claim which the underwriter deems there was probable negligence involved and a loss payment is likely.

Any insured who qualifies for an experience debit may also be declined or non-renewed.

C. Schedule Rating Plan

The premium determined after applying the Experience Rating Plan may, if applicable, be modified to reflect individual characteristics of the risk. For factors peculiar to the risk under consideration, which shall include but not be limited to internal controls, management or classification analysis, schedule rating credits or debits may be applied up to 40%. If credits or debits from more than one risk characteristic apply, the credits or debits shall be added together, not multiplied.

D. Expense Considerations

The experience and schedule rating modification contemplate the standard provisions for expenses. If such expenses are less than standard, such modifications if a credit shall be increased, or if a debit shall be decreased, by the amount of the reduction in expenses.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

52. INCREASED LIMITS TABLES

- A. The following interpolation procedure shall be used in determining increased limits factors or combinations of limits not shown in the limits tables:
1. Determine the table factor for the limit or combination of limits next lower than the limit or limits desired and the table factor for the next higher limit or combination of limits.
 2. The factor for the limit or combination of limits desired shall be determined by interpolation, but all fractions in the third decimal place shall be considered as an additional unit in the second decimal place.
 3. Where neither limit required appears in the table, refer to company.
- B. All limits are expressed in thousands of dollars.
- C. Limit codes are shown in parentheses under factors.
1. **Convalescent or Nursing Homes**

Aggregate	Per Medical Incident						
	100	150	200	250	300	500	1,000
300	1.00 (52)	1.12 (56)	1.19 (60)	1.24 (63)	1.27 (66)		
400	1.01 (55)	1.13 (56)	1.24 (60)	1.29 (63)	1.32 (66)		
500	1.03 (53)	1.18 (56)	1.28 (57)	1.36 (61)	1.41 (66)	1.54 (67)	
600	1.04 (55)	1.19 (56)	1.30 (58)	1.38 (63)	1.45 (66)	1.60 (70)	
750	1.05 (55)	1.19 (56)	1.30 (60)	1.39 (62)	1.46 (66)	1.62 (70)	
1,000	1.06 (54)	1.20 (56)	1.32 (59)	1.42 (63)	1.50 (66)	1.72 (68)	1.94 (71)
1,250	1.07 (55)	1.20 (56)	1.32 (60)	1.42 (63)	1.50 (66)	1.73 (70)	1.98 (73)
1,500	1.08 (55)	1.21 (56)	1.33 (60)	1.43 (63)	1.51 (66)	1.75 (69)	2.06 (73)
2,000	1.09 (55)	1.22 (56)	1.34 (60)	1.44 (63)	1.52 (66)	1.76 (70)	2.10 (73)
2,500	1.10 (55)	1.23 (56)	1.35 (60)	1.45 (63)	1.53 (66)	1.77 (70)	2.10 (73)
3,000	1.11 (55)	1.24 (56)	1.36 (60)	1.46 (63)	1.54 (66)	1.78 (70)	2.12 (72)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

52. INCREASED LIMITS TABLES (Cont'd)

2. Dentists

Aggregate	Per Dental Incident								
	100	150	200	250	300	500	1,000	1,500	2,000
300	1.00 (52)	1.07 (56)	1.09 (60)	1.11 (63)	1.12 (66)				
400	1.01 (55)	1.08 (56)	1.11 (60)	1.13 (63)	1.15 (66)				
500	1.02 (53)	1.09 (56)	1.13 (57)	1.15 (61)	1.17 (66)	1.20 (67)			
600	1.03 (55)	1.10 (56)	1.14 (58)	1.17 (63)	1.19 (66)	1.22 (70)			
750	1.04 (55)	1.11 (56)	1.15 (60)	1.18 (62)	1.21 (66)	1.24 (70)			
900	1.05 (55)	1.12 (56)	1.16 (60)	1.19 (63)	1.23 (65)	1.26 (70)			
1,000	1.06 (54)	1.13 (56)	1.17 (59)	1.20 (63)	1.24 (66)	1.27 (68)	1.33 (71)		
1,250	1.07 (55)	1.14 (56)	1.18 (60)	1.21 (63)	1.25 (66)	1.28 (70)	1.34 (73)		
1,500	1.08 (55)	1.15 (56)	1.19 (60)	1.22 (63)	1.25 (66)	1.29 (69)	1.35 (73)	1.39 (74)	
2,000	1.09 (55)	1.16 (56)	1.20 (60)	1.23 (63)	1.26 (66)	1.30 (70)	1.36 (73)	1.40 (74)	1.42 (75)
2,500	1.10 (55)	1.17 (56)	1.21 (60)	1.24 (63)	1.27 (66)	1.31 (91)	1.37 (73)	1.41 (74)	1.43 (75)
3,000	1.11 (55)	1.18 (56)	1.22 (60)	1.25 (63)	1.28 (66)	1.32 (70)	1.38 (72)	1.42 (74)	1.44 (75)
4,000	1.12 (55)	1.19 (56)	1.23 (60)	1.26 (63)	1.29 (66)	1.33 (70)	1.39 (73)	1.43 (74)	1.45 (75)

3. Hospitals

Aggregate	Per Medical Incident						
	100	150	200	250	300	500	1,000
300	1.00 (52)	1.08 (56)	1.12 (60)	1.14 (63)	1.16 (66)		
500	1.04 (53)	1.16 (56)	1.24 (57)	1.29 (61)	1.33 (66)	1.41 (67)	
600	1.05 (55)	1.18 (56)	1.27 (58)	1.33 (63)	1.38 (66)	1.49 (70)	
1,000		1.20 (56)	1.31 (59)	1.40 (63)	1.47 (66)	1.66 (68)	1.83 (71)
1,500		1.21 (56)	1.32 (60)	1.42 (63)	1.50 (66)	1.73 (69)	2.01 (73)
2,000					1.51 (66)	1.76 (70)	2.09 (73)
3,000							2.14 (72)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

52. INCREASED LIMITS TABLES (Cont'd)

4. Insurance Agents Lawyers Physicians Social Services

Aggregate	Per Claim / Medical Incident						
	100	150	200	250	300	500	1,000
300	1.00 (52)	1.15 (56)	1.24 (60)	1.32 (63)	1.38 (66)		
400	1.01 (55)	1.17 (56)	1.30 (60)	1.39 (63)	1.46 (66)		
500		1.19 (56)	1.32 (57)	1.44 (61)	1.52 (66)	1.74 (67)	
600		1.20 (56)	1.34 (58)	1.46 (63)	1.56 (66)	1.80 (70)	
750		1.21 (56)	1.35 (60)	1.48 (62)	1.58 (66)	1.87 (70)	
900				1.49 (63)	1.60 (65)	1.92 (70)	
1,000					1.61 (66)	1.94 (68)	2.30 (71)
1,500					1.62 (66)	1.99 (69)	2.44 (73)
2,000						2.00 (70)	2.50 (73)
2,500							2.52 (73)
3,000							2.53 (72)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

52. INCREASED LIMITS TABLES (Cont'd)

5. Surgeons

Aggregate	Per Medical Incident					
	100	150	200	250	300	500
300	1.00 (52)	1.15 (56)	1.25 (60)	1.33 (63)	1.40 (66)	
400	1.01 (55)	1.18 (56)	1.31 (60)	1.41 (63)	1.48 (66)	
500		1.19 (56)	1.34 (57)	1.46 (61)	1.54 (66)	1.78 (67)
600		1.20 (56)	1.36 (58)	1.48 (63)	1.59 (66)	1.85 (70)
750		1.21 (56)	1.37 (60)	1.50 (62)	1.61 (66)	1.92 (70)
900				1.51 (63)	1.63 (65)	1.97 (70)
1,000					1.64 (66)	2.00 (68)
1,500					1.65 (66)	2.05 (69)
2,000						2.06 (70)
2,500						
3,000						
						2.40 (71)
						2.56 (73)
						2.63 (73)
						2.65 (73)
						2.66 (72)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

52. INCREASED LIMITS TABLES (Cont'd)

6. Animal Grooming
Cemetery
Chiropractors
Chiropodists / Podiatrists
Clergy / Counselors
Cosmetologists and Barbers
Cosmetology or Barbering School
County Recorders and / or County Clerks
EMTs
Funeral Service Providers
Miscellaneous Health Care
Optometrists
Podiatrists
Physiotherapists
Printers
Real Estate Agents
Teachers
Travel Agents
Veterinarians

Aggregate	Per Claim / Medical Incident / Occurrence / Professional Incident						
	100	150	200	250	300	500	1,000
300	1.00 (52)	1.14 (56)	1.22 (60)	1.29 (63)	1.33 (66)		
400	1.01 (55)	1.15 (56)	1.26 (60)	1.34 (63)	1.38 (66)		
500		1.16 (56)	1.27 (57)	1.36 (61)	1.40 (66)	1.56 (67)	
600		1.17 (56)	1.28 (58)	1.37 (63)	1.42 (66)	1.62 (70)	
750		1.18 (56)	1.29 (60)	1.38 (62)	1.44 (66)	1.65 (70)	
900				1.39 (63)	1.46 (65)	1.67 (70)	
1,000					1.47 (66)	1.68 (68)	1.92 (71)
1,500					1.48 (66)	1.69 (69)	1.97 (73)
2,000						1.70 (70)	1.98 (73)
2,500							1.99 (73)
3,000							2.00 (72)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

52. INCREASED LIMITS TABLES (Cont'd)

7. Blood Banks Medical or X-ray Laboratories

Aggregate	Per Medical Incident						1,000
	100	150	200	250	300	500	
300	1.00 (52)	1.15 (56)			1.38 (66)		
500	1.01 (53)	1.17 (56)	1.29 (57)	1.40 (61)	1.48 (66)	1.70 (67)	
600			1.30 (58)	1.40 (63)	1.49 (66)	1.75 (70)	
1,000						1.82 (68)	2.32 (71)
1,500						1.82 (69)	2.40 (73)
2,000							2.42 (73)
3,000							2.42 (72)

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL TERRORISM COVERAGE RULES

1. TERRORISM COVERAGE

The Terrorism Risk Insurance Extension Act of 2005 has amended the Terrorism Risk Insurance Act of 2002 to state that the Department of the Treasury may not certify an act of terrorism for this line of insurance, thus acts that are determined to be terrorism may be considered other acts of terrorism.

A. Description of Coverage

1. **Certified Terrorism Losses** - In accordance with the Terrorism Risk Insurance Act of 2002 (the Act), all companies writing commercial property and casualty insurance must make available to policyholders coverage for certified terrorism losses. A certified terrorism loss is any loss that is covered by an applicable coverage part and that results from an act of terrorism if:
 - a. Such loss:
 - (1) Occurs and results in damage within the United States; or
 - (2) To an air carrier (as defined in Section 40102 of title 49, United States Code); to a United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), regardless of where the loss occurs; or at the premises of any United States mission; and
 - (3) Results from a violent act or an act that is dangerous to human life, property, or infrastructure;
 - (4) Has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as a part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
 - b. The act of terrorism is certified by the Secretary of the Treasury as such, in concurrence with the Secretary of State and the Attorney General of the United States.
 - c. The act of terrorism results in losses greater than \$5,000,000 in the aggregate.
 - d. When the Secretary of the Treasury determines that certified terrorism losses have exceeded the maximum annual liability as set forth in the Act, (or any amendments thereto) and a company has met its deductible and co-payment as required by the Act, the company is not liable for the payment of any portion of certified terrorism losses that exceed the maximum annual liability.
2. **Other Acts of Terrorism Losses** - An Other Act of Terrorism loss is any loss defined as such covered by an applicable coverage part that results from a violent act or an act that is dangerous to human life, property, or infrastructure that:
 - a. Is committed by an individual or individuals, not acting on behalf of any foreign person or foreign interest (domestic terrorism); and
 - b. Appears to be part of an effort to coerce a civilian population or to influence the policy or affect the conduct of any government by coercion; and
 - c. Is not certified as a terrorist act pursuant to the Federal Terrorism Risk Insurance Act of 2002.
3. For insureds of The Cincinnati Insurance Companies, Certified Acts of Terrorism Coverage and Other Acts of Terrorism Coverage are linked together, either provided or excluded together, barring unusual exposures or circumstances, and subject to the forms, limitations, exclusions and rates in the rules below.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL TERRORISM COVERAGE RULES

1. TERRORISM COVERAGE (Cont'd)

B. Offer, Disclosure and Forms - Disclosures / Limitations / Exclusions:

1. The Act requires that companies notify policyholders of the availability of coverage for certified terrorism losses and the premium charge applicable to such coverage.
2. Attach **Policyholder Notice Terrorism Insurance Coverage, Form IA 4236**, if applicable. Also attach **Cap on Losses from Certified Acts of Terrorism, Form IA 4238** to the policy, if **Form IA 4236** is attached.
3. **Terrorism Coverage Rejection.** If terrorism coverage is NOT desired, we must receive and have on file a letter from the first named insured, on the insured's letterhead, and signed by the insured. In such cases, remove **Cap on Losses from Certified Acts of Terrorism, Form IA 4238**, if it has been attached, and attach **Exclusion of Certified Acts and Other Acts of Terrorism, Form IA 319** to the policy.

C. Premium Determination:

1. Certified Acts of Terrorism and Other Acts of Terrorism

- a. Apply the factor / rate shown below in accordance with the geographic tier and hazard class of the policy to all eligible policy premium to determine the additional premium for acts of terrorism.
- b. Factors / Rates apply per policy to all eligible coverage premiums and cannot be divided.
- c. Factors / Rates for Certified Losses. Other Acts of Terrorism Losses are included.
 - (1) **Eligible Policy Premium** - Includes all premium for all coverages and policies rated from any of the following except as noted:
 - (a) Division One - Auto
 - (b) Division Two - Machinery and Equipment
 - (c) Division Three - Crime
 - (d) Division Four - Farm
 - (e) Division Five - Fire and Allied Lines
 - (f) Division Six - General Liability
 - (g) Division Seven - Professional Liability, excluding any Medical Professional
 - (h) Division Eight - Inland Marine
 - (i) Division Nine - Multiple Line
 - (j) Commercial Umbrella Program, excluding any Medical Professional and any attached Personal Umbrella

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL TERRORISM COVERAGE RULES

1. TERRORISM COVERAGE (Cont'd)

- (k) Businessowners Package Program, excluding any Medical Professional
- (l) Dentist's Package Program, excluding any Medical Professional
- (m) Package for Artisan Contractors
- (n) Religious Institutions Package Policy
- (o) Garage Operators Policy
- (p) Financial Institutions Package Program
- (q) Printers Package Program
- (r) Metalworkers Package Policy
- (s) Commercial Output Policy
- (t) Non-Profit Organization Package Program (Iowa)

(2) Geographic Tiers:

TIER	TERRITORY DEFINITION	TERRITORY CODES (Fire)*	TERRITORY CODES (GL)*
1	San Francisco, CA	CA - 380, 410	CA - 001
	Washington, D.C.	DC - All Codes	DC - 001
	Chicago, IL	IL - 082	IL - 001
	New York City, NY (Manhattan only)	NY - 310	NY - 001
2	Los Angeles County, CA	CA - 600-630	CA - 003
	Cook County, IL (Outside Tier 1)	IL - 080-089, excl - 082	IL - 007
	Suffolk County, MA (Boston Area)	MA - 130, 131	MA - 014
	Montgomery & Prince George's Counties, MD (DC Area)	MD - 160-179	MD - 002
	New York City, NY except Manhattan	NY - 030, 240, 300-309, 410, 430, 520	NY - 010
	Philadelphia, PA	PA - 510	PA - 001
	Harris County, TX (Houston Area)	TX - 718	TX - 004
	Arlington, Alexandria, VA (DC Area)	VA - 040, 150, 495, 545, 565	VA - 001
3	King County, WA (Seattle Area)	WA - 170, 171	WA - 001
	Remainder of Country	All Other per State	All Other

*Territory codes are those in effect as of February 2003. If territory revisions are made by ISO, the original territory assignments will apply until the company submits the required filings.

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL TERRORISM COVERAGE RULES

1. TERRORISM COVERAGE (Cont'd)

(3) **Hazard Classes** - These are subject to change in accordance with evolving knowledge of terrorist means, targeting and reinsurance limitations. Refer to the Terrorism Hazard Underwriting Guideline for current specific class and risk definitions:

(a) **High Hazard** - Subject to underwriting judgement, but primarily terrorism target properties as determined by ISO and / or associated with reinsurance limitations. Refer to company for classification and rating.

(b) **Low Hazard** - Subject to underwriting judgement, but generally all other classes and risks not considered a high hazard terrorism target but still potentially subject to loss, even if just collateral damage or incidental liability.

(4) **Rate Factors:**

(a) **Auto and Other Than Auto (OTA):**

HAZARD CLASS:	LINE:	GEOGRAPHIC TIERS:			MIN. PREM.:
		1	2	3	
LOW HAZARD	Auto	0.2% (0.002)	0.2% (0.002)	0.2% (0.002)	\$ 25.00
	OTA	5.0% (0.050)	4.0% (0.040)	0.75% (0.0075)	
HIGH HAZARD	Auto	0.2% (0.002)	0.2% (0.002)	0.2% (0.002)	\$125.00
	OTA	8.0% (0.080)	7.0% (0.070)	1.50% (0.0150)	

(b) Factors apply to final eligible premiums, after the application of all other rating factors including IRPM or Schedule credits or debits.

(c) Factors do not apply to state specified surcharges, fees or taxes.

(d) Except for Expense Modification, the premium for this coverage is not subject to any further modification or rate plan.

(e) This premium is subject to anniversary adjustment but not midterm adjustment.

